

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 743839 (3)**  
1. Corporation Name  
**THE BRIGHTON CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**BRIGHTON CONDO MINIMUM ASS INC  
2000 NORTH OCEAN BLVD  
BOCA RATON FL 33431**

Mailing Address  
**BRIGHTON CONDO MINIMUM ASS INC  
2000 NORTH OCEAN BLVD  
BOCA RATON FL 33431**

3. Date Incorporated or Qualified  
**08/07/1978**

3a. Date of Last Report  
**03/24/1995**

4. FEI Number  
**59-1955459**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business  
**21**

2a. Mailing Address  
**26**

Suite, Apt. #, etc.  
**22**

Suite, Apt. #, etc.  
**27**

City & State  
**23**

City & State  
**28**

Zip  
**24**

Country  
**25**

Zip  
**29**

Country  
**30**

## 9. Name and Address of Current Registered Agent

**BECKER & POLIAKOFF P.A.  
3111 STIRLING RD  
FT LAUDERDALE FL 33312**

## 10. Name and Address of New Registered Agent

81 Name  
**Henry B. Handler**

82 Street Address (P.O. Box Number is Not Acceptable)  
**Weiss & Handler, P.A.**

83  
**2255 Glades Rd.**

84 City  
**Boca Raton, Fl.**

85 Zip Code  
**FL 33431**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0502, Florida Statutes.

SIGNATURE

*[Signature]*

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/22/96**

## 12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	FARKAS, PAUL	
STREET ADDRESS	2000 N. OCEAN BLVD., #605	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	SDT	<input type="checkbox"/> DELETE
NAME	WILLIAMS, DOROTHY	
STREET ADDRESS	2000 N OCEAN BLVD #PH6	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	HARNET, BERTRAM	
STREET ADDRESS	2000 N OCEAN BLVD #304	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	REIFER, SONDR	
STREET ADDRESS	2000 N OCEAN BLVD., #504	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	ASVD	<input checked="" type="checkbox"/> DELETE
NAME	SANTHOUSE, JONATHAN	
STREET ADDRESS	2000 N. OCEAN BLVD., #PH3	
CITY - ST - ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	VP
33 STREET ADDRESS	Dr. Renee Frengut
34 CITY - ST - ZIP	2000 N. Ocean Blvd. #102
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	T
43 STREET ADDRESS	Charles Reifer
44 CITY - ST - ZIP	2000 N. Ocean Blvd. #504
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

**Dr. Paul Farkas**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/26/96 407 392-0155**

CR2E037 (12/95)