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95 APR 26 AM 10:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995  
FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 746679 (0)  
1. Corporation Name  
BRAEMAR ISLE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address  
4740 SO. OCEAN BLVD. 4740 SO. OCEAN BLVD.  
HIGHLAND BCH FL 33487 HIGHLAND BCH FL 33487

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

DO NOT WRITE IN THIS SPACE  
3. Date Incorporated or Qualified 3a. Date of Last Report  
04/09/1979 04/26/1994  
4. FEI Number Applied For  
59-2205129 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  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
AMBRIDGE, JOSEPH J.  
4740 SO. OCEAN BLVD. 207  
HIGHLAND BEACH FL 33432

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
DS ELINOFF, SAUL 4740 S OCEAN BLVD HIGHLAND BEACH FL  
D ROSNER, DORIS 4740 S OCEAN BLVD HIGHLAND BEACH FL  
VP GUSTAF SWEET 4740 S. OCEAN BLVD HIGHLAND BEACH FL  
D MITZI, MCGAVCK 4740 S. OCEAN BLVD. HIGHLAND BEACH FL  
D SHERMAN, EDWIN 4740 S. OCEAN BLVD. HIGHLAND BEACH FL  
D ESTELLE PLOUS 4740 S. OCEAN BLVD. HIGHLAND BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE Director  Change  Addition  
1.2 NAME Sy Stahl  
1.3 STREET ADDRESS 4740 S. Ocean Blvd. #1001  
1.4 CITY-ST-ZIP Highland Beach, FL 33487  
2.1 TITLE Vice President  Change  Addition  
2.2 NAME Doris Rosner  
2.3 STREET ADDRESS 4740 S. Ocean Blvd. #902  
2.4 CITY-ST-ZIP Highland Beach, FL 33487  
3.1 TITLE President  Change  Addition  
3.2 NAME Gustaf Sweet  
3.3 STREET ADDRESS 4740 S. Ocean Blvd. #905  
3.4 CITY-ST-ZIP Highland Beach, FL 33487  
4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 110.07(3)(b), 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: BENJAMIN EDWIN SHERMAN BENJAMIN EDWIN SHERMAN TREAS 4/17/95 407-395-2339  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OR CLERK OR DIRECTOR Date Telephone #