

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



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

3. Date Incorporated or Qualified: **04/09/1979**
3a. Date of Last Report: **04/26/1995**
4. FEI Number: **59-2205129**
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 (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

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

10. Name and Address of New Registered Agent
B1 Name: **Sudie S. AMBRIDGE**
B2 Street Address (P.O. Box Number is Not Acceptable): **4740 S. OCEAN BLVD. 207**
B3
B4 City: **HIGHLAND BEACH FL** B5 Zip Code: **33487**

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 617.0503, Florida Statutes.

SIGNATURE: **Sudie S. Ambridge** *Sudie S. Ambridge* **April 29, 1996**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	STAHL, SY	
STREET ADDRESS	4740 S OCEAN BLVD 1001	
CITY-ST-ZIP	HIGHLAND BEACH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ROSNER, DORIS	
STREET ADDRESS	4740 S OCEAN BLVD 902	
CITY-ST-ZIP	HIGHLAND BEACH FL	
TITLE	PRES	<input type="checkbox"/> DELETE
NAME	SWEET, GUSTAF	
STREET ADDRESS	4740 S OCEAN BLVD #905	
CITY-ST-ZIP	HIGHLAND BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MIZZI, MCGAWICK	
STREET ADDRESS	4740 S. OCEAN BLVD.	
CITY-ST-ZIP	HIGHLAND BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHERMAN, EDWIN	
STREET ADDRESS	4740 S. OCEAN BLVD.	
CITY-ST-ZIP	HIGHLAND BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ESTELLE PLOUS	
STREET ADDRESS	4740 S. OCEAN BLVD.	
CITY-ST-ZIP	HIGHLAND BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	33487
2.1 TITLE	VP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ROSNER, DORIS
2.3 STREET ADDRESS	4740 S. OCEAN BLVD. 902
2.4 CITY-ST-ZIP	HIGHLAND BEACH, FL 33487
3.1 TITLE	PRES/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LEWIN, HERBERT
3.3 STREET ADDRESS	4740 S. OCEAN BLVD. # 1606
3.4 CITY-ST-ZIP	HIGHLAND BEACH, FL 33487
4.1 TITLE	TREAS/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SITRICK, JOE
4.3 STREET ADDRESS	4740 S. OCEAN BLVD # 1406
4.4 CITY-ST-ZIP	HIGHLAND BEACH, FL 33487
5.1 TITLE	SECRETARY/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SHERMAN, Edwin
5.3 STREET ADDRESS	4740 S. OCEAN BLVD # 1105
5.4 CITY-ST-ZIP	HIGHLAND BEACH, FL 33487
6.1 TITLE	VICE-PRES/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	ESTELLE PLOUS
6.3 STREET ADDRESS	4740 S. OCEAN BLVD. # 1014
6.4 CITY-ST-ZIP	HIGHLAND BEACH, FL 33487

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: *Edwin Sherman* **Edwin SHERMAN SECRETARY** **4-29-96 (407) 395-2339**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)