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Apr 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 33487-5322

3. Date Incorporated or Qualified: 04/09/1979
3a. Date of Last Report: 05/01/1996
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 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent
AMBRIDGE, SUDIE S.
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 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE: D	<input checked="" type="checkbox"/> DELETE
NAME: STAHL, SY	
STREET ADDRESS: 4740 S OCEAN BLVD 1001	
CITY-ST-ZIP: HIGHLAND BEACH FL	
TITLE: VPD	<input checked="" type="checkbox"/> DELETE
NAME: ROSNER, DORIS	
STREET ADDRESS: 4740 S OCEAN BLVD 902	
CITY-ST-ZIP: HIGHLAND BEACH FL	
TITLE: PD	<input type="checkbox"/> DELETE
NAME: LEWIN, HERBERT	
STREET ADDRESS: 4740 S OCEAN BLVD #905	
CITY-ST-ZIP: HIGHLAND BEACH FL	
TITLE: TD	<input type="checkbox"/> DELETE
NAME: SITRICK, JOE	
STREET ADDRESS: 4740 S. OCEAN BLVD.	
CITY-ST-ZIP: HIGHLAND BEACH FL	
TITLE: SD	<input checked="" type="checkbox"/> DELETE
NAME: SHERMAN, EDWIN	
STREET ADDRESS: 4740 S. OCEAN BLVD.	
CITY-ST-ZIP: HIGHLAND BEACH FL	
TITLE: VPD	<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: D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME: LEVICK, DAVID	
1.3 STREET ADDRESS: 4740 S. OCEAN BLVD #1205	
1.4 CITY-ST-ZIP: HIGHLAND BEACH FL 33487	
2.1 TITLE: VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME: BENER, ZEKE	
2.3 STREET ADDRESS: 4740 S. OCEAN BLVD. #916	
2.4 CITY-ST-ZIP: HIGHLAND BEACH FL 33487	
3.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME:	
3.3 STREET ADDRESS: 4740 S. OCEAN BLVD. # LPH-6	
3.4 CITY-ST-ZIP:	
4.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME:	
4.3 STREET ADDRESS: 4740 S. OCEAN BLVD # 1406	
4.4 CITY-ST-ZIP:	
5.1 TITLE: D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME: LICHTMAN, RONALD	
5.3 STREET ADDRESS: 4744 S. OCEAN BLVD # T-2214	
5.4 CITY-ST-ZIP: HIGHLAND BEACH, FL 33487	
6.1 TITLE: SECRETARY/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME: PLOUS, ESTELLE	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 any attachment with an address.

SIGNATURE: _____ DATE: 4/11/97 561-395-2339

CR2E037 (9/96)

BRAEMAR ISLE CONDOMINIUM ASSOCIATION

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Highland Beach, Florida 33487

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(407) 395-2421

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Fax (407) 395-0986

D

SHERMAN, RICHARD
4740 S OCEAN BLVD 1508
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