FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #1. Corporation Name

BRAEMAR ISLE CONDOMINIUM ASSOCIATION, INC.					
Principat Plac	e of Business	Mailing Address		F HOREST BERLU BERLU BERLU BERLU BILLIN INNER BERLU BILLIN BERLU BLOKE B	.FU
4740 SO. OCEAN BLVD. HIGHLAND BCH FL 33487 4740 SO. OCEAN BLVD. HIGHLAND BCH FL 3348		,	3. Date Incorporated or Qualified 04/09/1979 4. FEI Number Applied Fe	~	
				59-2205129 Not Applie	
	ace of Business	2a. Malling Address		5. Certificate of Status Desired S8.75 Addition	
21 Fulto Ant	# nto	26 Suite Act # etc		Fee Required	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
City & State		City & State		7. Is this nonprofit corporation a homeowner association?	
23		28		Ø\Yes □ No	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible	
24	9. Name and Address of Curren	29 Agent	[30]	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent	
81 Name // / / 0					
				HATTIELD, BRUCE J.	\longrightarrow
4740 SQ. OCEAN BLVD. 207				dress (P.O. Box Number Is Not Acceptable)	
	ND BEACH FL SAME 3348	87	83	T 107	\Box
			84 City //	86 Zip Code	
44 Divisions	to the see deless of Castless 617 050	20 and 617 1500 Florida Crat		GHLAND KEACH, FL 33487	7 orad
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statoles, 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 Sections 617.0503, Florida Statutes.					
SIGNATURE .	Signature, typed or prijeted name of regulared age	ant and little if applicable. (NO	TE: Registered Agent signature re-	quired when reinstating) DATE	— ₁
12.	OFFICERS AN	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	DELETE	1.1 TITLE	/PD □ Change 🔼 Ad	dition
NAME	LEVICK, DAVID	\ -	12 NAME	ZWICK, MIRIAM 1740 5 OCEAN BLUDAPH3	
STREET ADDRESS	4750 S. OCEAN BLVD., #120	15	1.3 STREET ADDRESS 4	1746 5 DOBAN ACCUMENTS	Į.
CITY-ST-ZIP	HIGHLAND BEACH FL	DELETE	1.4 CITY-ST-ZIP	HIGHLAND BEACH, FL 33487	idition (
TITLE	VPD	ACM OCCUR	2.1 TITLE		
NAME STREET ADDRESS	BETTER, ZEKE 4740 S. OCEAN BLVD., #916	<u>.</u>	23 STREET ADDRESS	BEHER, ZEKE 17405: OCEAN BLVd. #916 HIGHLAND BEACH, FL 33487	
CITY-ST-ZIP	HIGHLAND BEACH FL	J	2.4 City-St-Zip	HIGHLAND BEACH FL 33487	.
TITLE	PD DENOTITE	DELETE	3.1 TITLE 7	☐ Change △Ad	dition
NAME	LEWIN, HERBERT		3.2 NAME	SHERMAN RICHARD	
STREET ADDRESS	4740 S. OCEAN BLVD., #LPH	1-6	3.3 STREET ADDRESS 4	SHERMAN, RICHARD 17405. OCEAN BLUS. #1508	
CITY-ST-ZWP	HIGHLAND BEACH FL		34. CITY-ST-ZIP 7	HIGHLAND BEACH, FL 33487	
TITLE	TD	☐ DELETE	4.1 TITLE	☐ Change ☐ Ad	dition
NAME	SITRICK, JOE		4.2 NAME		
STREET ADDRESS	4740 S. OCEAN BLVD., #140	16	4.3 STREET ADDRESS		
CITY-ST-ZIP	HIGHLAND BEACH FL		4.4 CITY-ST-ZIP		
TITLE	D	DELETE	5.1 TITLE	☐ Change ☐ Ad	ailion
NAME	LICHTMAN, RONALD	0044	5.2 NAME		
STREET ADDRESS	4744 S. OCEAN BLVD., #T-C	214	5.3 STREET ADDRESS		
CITY-ST-ZIP	HIGHLAND BEACH FL	☐ DELETE	5.4 CITY-ST-ZIP	☐ Change ☐ Ad	Idilian
TITLE	SD ESTELLE DI OLIS	☐ DELETE	6.1 TITLE		UNIOR
NAME MERCE ADDRESS	ESTELLE PLOUS	ı.a	6.2 NAME		
STREET ADDRESS	4704 S. OCEAN BLVD., #101 HIGHLAND REACH FL	7	6.3 STREET ADDRESS		
1 121Y+SI-792	INVESTIGATION DEALTH FL		- 64 CHT-SI-7P		

14. I 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 suppliemental annual report is true and accurate and that my slopature 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 a required by shapeter 617) Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

HERBERT J. LEHIN

FILED

Mar 25 1998 8:00am

Secretary of State