

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **746679**

1. Entity Name

**BRAEMAR ISLE CONDOMINIUM ASSOCIATION, INC.**

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90220 043 \*\*\*\*61.25

Principal Place of Business

Mailing Address

4740 SO. OCEAN BLVD.  
HIGHLAND BCH FL 33487

4740 SO. OCEAN BLVD.  
HIGHLAND BCH FL 33487-5322



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2205129**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TEXEIRA, MONA S**  
**4740 SOUTH OCEAN BLVD., ATT: OFFICE**  
**HIGHLAND BEACH FL 33487**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>ZWICK, MIRIAM</b>	
STREET ADDRESS	<b>4740 S OCEAN BLVD SUITE PH3</b>	
CITY-ST-ZIP	<b>HIGHLAND BEACH FL 33487</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ZEKE, BETTER</b>	
STREET ADDRESS	<b>4740 S OCEAN BLVD SUITE 916</b>	
CITY-ST-ZIP	<b>HIGHLAND BEACH FL 33487</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SHERMAN, RICHARD</b>	
STREET ADDRESS	<b>4740 S OCEAN BLVD SUITE 1508</b>	
CITY-ST-ZIP	<b>HIGHLAND BEACH FL 33487</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>SITRICK, JOE</b>	
STREET ADDRESS	<b>4740 S. OCEAN BLVD., #1406</b>	
CITY-ST-ZIP	<b>HIGHLAND BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DRAPKEN, ARNOLD</b>	
STREET ADDRESS	<b>4740 S OCEAN BLVD #1003</b>	
CITY-ST-ZIP	<b>HIGHLAND BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BROWNER, MYRON</b>	
STREET ADDRESS	<b>4740 S OCEAN BLVD #102</b>	
CITY-ST-ZIP	<b>HIGHLAND BEACH FL</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>DRAPKIN, ARNOLD</b>		
STREET ADDRESS	<b>4740 S OCEAN BLVD SUITE 1003</b>		
CITY-ST-ZIP	<b>HIGHLAND Bch, FL 33487</b>		
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>MELTZER, ALBERT</b>		
STREET ADDRESS	<b>4740 S OCEAN BLVD SUITE #116</b>		
CITY-ST-ZIP	<b>HIGHLAND Bch, FL 33487</b>		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>MEAGHER, RICHARD</b>		
STREET ADDRESS	<b>4740 S OCEAN BLVD SUITE #1401</b>		
CITY-ST-ZIP	<b>HIGHLAND Bch, FL 33487</b>		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>ADWAR, HARRY</b>		
STREET ADDRESS	<b>4740 S OCEAN BLVD SUITE #1612</b>		
CITY-ST-ZIP	<b>HIGHLAND Bch, FL 33487</b>		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Miriam Zwick **MIRIAM ZWICK** 3/29/00 561-395-2339  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)