

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90164 046 ****61.25

DOCUMENT # 746679

1. Entity Name

BRAEMAR ISLE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4740 SO. OCEAN BLVD.
 HIGHLAND BCH FL 33487

4740 SO. OCEAN BLVD.
 HIGHLAND BCH FL 33487

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2205129

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DRAPKIN, ARNOLD 4740 SOUTH OCEAN BLVD SUITE #1003 HIGHLAND BEACH, FL 33487	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MELTZER, ALBERT 4740 SOUTH OCEAN BLVD SUITE #116 HIGHLAND BEACH, FL 33487	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEASHEK, RICHARD 4740 SOUTH OCEAN BLVD SUITE #1401 HIGHLAND BEACH, FL 33487	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DREWIN, HERBERT 4740 SOUTH OCEAN BLVD SUITE #160 HIGHLAND BEACH, FL 33487	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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, PRESIDENT 2/5/01 395-2339**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)