

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

0039011

02-07-2002 90006 033 ****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

4. FEI Number

59-2205129

Applied For

Not Applicable

Zip

Country

Zip

Country

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

TITLE		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	T. LEWIN, HERBERT		
STREET ADDRESS	4740 S. OCEAN BLVD # 1606		
CITY-ST-ZIP	HIGHLAND Bch, FL 33487		
TITLE		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	D. ADWAR, HARRY		
STREET ADDRESS	4740 S. OCEAN BLVD. # 1711		
CITY-ST-ZIP	HIGHLAND Bch, FL 33487		
TITLE		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	D. BEHRMAN, DIANE		
STREET ADDRESS	4740 S. OCEAN BLVD. #1602		
CITY-ST-ZIP	HIGHLAND Bch, FL 33487		
TITLE		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	D. HIBSON, JOSEPH		
STREET ADDRESS	4740 S. OCEAN BLVD # 1206		
CITY-ST-ZIP	HIGHLAND Bch, FL 33487		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/02
 Date

CR2E037 (9/01)