


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90044 026 ****61.25

DOCUMENT # 746679					
1. Entity 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			
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 <input type="checkbox"/>				\$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		
			State 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P <input type="checkbox"/> Delete	TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	ZWICK, MIRIAM	NAME	SITRICK, JOSEPH		
STREET ADDRESS	4740 S OCEAN BLVD SUITE PH3	STREET ADDRESS	4740 SOUTH OCEAN BLVD. # 1406		
CITY-ST-ZIP	HIGHLAND BEACH, FL 33487	CITY-ST-ZIP	Highland Beach, FL 33487		
TITLE	D <input type="checkbox"/> Delete	TITLE			
NAME	ADWAR, HARRY	NAME			
STREET ADDRESS	4740 S. OCEAN BLVD., #1711	STREET ADDRESS			
CITY-ST-ZIP	HIGHLAND BEACH, FL 33487	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SCHWEIZER, HANNAH	NAME	RESNICK, PAUL		
STREET ADDRESS	4740 S OCEAN BLVD # 811	STREET ADDRESS	4740 SOUTH OCEAN BLVD: # 605-		
CITY-ST-ZIP	HIGHLAND BEACH, FL 33487	CITY-ST-ZIP	Highland Beach, FL 33487		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE			
NAME	ACKER, LEONARD	NAME			
STREET ADDRESS	4740 S OCEAN BLVD	STREET ADDRESS			
CITY-ST-ZIP	HIGHLAND BEACH, FL 33487	CITY-ST-ZIP			
TITLE	<input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/> Delete	TITLE			
NAME	DRAPKEN, ARNOLD	NAME			
STREET ADDRESS	4740 S OCEAN BLVD #1003	STREET ADDRESS			
CITY-ST-ZIP	HIGHLAND BEACH, FL	CITY-ST-ZIP			
TITLE	<input checked="" type="checkbox"/> SECRETARY <input type="checkbox"/> Delete	TITLE			
NAME	BEHRMAN, DIANE	NAME			
STREET ADDRESS	4740 S. OCEAN BLVD. #1602	STREET ADDRESS			
CITY-ST-ZIP	HIGHLAND BEACH, FL 33487	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)(l), 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: <i>Miriam S. Zwick</i>			Date: <i>2/2/05</i> Daytime Phone #: <i>561-395-2339</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		

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4. FEI Number **59-2205129**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

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CITY-ST-ZIP	HIGHLAND BEACH, FL 33487	CITY-ST-ZIP	Highland Beach, FL 33487
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SIGNATURE: *Miriam S. Zwick* Date: *2/2/05* Daytime Phone #: *561-395-2339*