2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # 746679 1. Entity Name -BRAEMAR-ISLE-CONDOMINIUM-ASSOCIATION,-INC.						-	02-09-2003	5 90044 0	26 ****61.2	.5
Principal Place of Business Mailing Address 4740 SO. OCEAN BLVD. 4740 SO. OCEAN BLVD. HIGHLAND BCH, FL 33487 HIGHLAND BCH, FL 33487								010 1011 man ave	001227 	
2. Principal F	3. Mailing Address	Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, et	Suite, Apt. #, etc.			02012005	Chg-NP	CR2	E037 (10/03)	
City & State		City & State	City & State			4. FEI Numb 59-220				pplied For of Applicable
Zip	Country	Zip	Co	ountry		5. Certificate	of Status Desi	red 🔲	\$8.75 Add	
	6. Name and Address of Current	Registered Agent		J		7. Name and	Address of N	ew Register	ed Agent	
TEXFIRA	MONA S			Name						
TEXEIRA, MONA S 4740 SOUTH OCEAN BLVD., ATT: OFFICE HIGHLAND BEACH, FL 33487				Street Address (P.O. Box Number is Not Acceptable)						
				City			_ ,		Zip Cod	le
	named entity submits this statement for tions of registered agent.	r the purpose of chang	ing its registe	ered office o	r registered	d agent, or bo	th, in the State	of Florida. I	em familiar with,	and accept
SIGNATURE										
	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Register	ered Agent signer	ture required w	hen reinstating)		DA	TE .	
	Signature, typed or priread name of registered egent Filling Fee is \$61.25 Due by May 1, 2005	9. Electi	(NOTE: Register on Campaign Fund Contribu	n Financing		55.00 May &		Make ch	eck payable t	
10.	Filing Fee is \$61.25	9. Electi Trust	on Campaign	n Financing aution.		55.00 May 8 Added to Fees	ANGES TO OF	Make ch Florida De	eck payable t	tate
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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

SIGNATURE AND TYPED OR PRINTED PLAME OF SIGNING OFFICER OR DIRECTO

2/2/05 541-395-233

Daytime Phone #