


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90019 041 ****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		
			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		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	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	ZWICK, MIRIAM	NAME	RESNICK, PAUL		
STREET ADDRESS	4740 S OCEAN BLVD SUITE PH3	STREET ADDRESS	4740 SOUTH Ocean Blvd # 605		
CITY-ST-ZIP	HIGHLAND BEACH, FL 33487	CITY-ST-ZIP	Highland Bch, 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	X VICE PRESIDENT <input type="checkbox"/> Delete	TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SCHWEIZER, HANNAH	NAME	ACKER, LEONARD		
STREET ADDRESS	4740 S OCEAN BLVD # 811	STREET ADDRESS	4740 SOUTH Ocean Blvd # 1612		
CITY-ST-ZIP	HIGHLAND BEACH, FL 33487	CITY-ST-ZIP	Highland Bch, FL 33487		
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE			
NAME	SITRICK, JOSEPH	NAME			
STREET ADDRESS	4740 SOUTH OCEAN BLVD #1406	STREET ADDRESS			
CITY-ST-ZIP	HIGHLAND BEACH, FL 33487	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	DRAPKEN, ARNOLD	NAME	KALLMAN, HAROLD		
STREET ADDRESS	4740 S OCEAN BLVD #1003	STREET ADDRESS	4740 SOUTH Ocean Blvd # 1405		
CITY-ST-ZIP	HIGHLAND BEACH, FL	CITY-ST-ZIP	Highland Bch, FL 33487		
TITLE	X TREASURER <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 exemptions contained in Chapter 119, 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 President</i>				Date _____ Daytime Phone # 561-395-2339	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					