

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90166 004 ****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 Suite, Apt. #, etc. City & State Zip Country

3. Mailing Address Suite, Apt. #, etc. City & State Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2205129** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

TEXEIRA, MONA S
4740 SOUTH OCEAN BLVD., ATT: OFFICE
HIGHLAND BEACH FL 33487

7. Name and Address of New Registered Agent

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: _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$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
NAME	ZWICK, MIRIAM	
STREET ADDRESS	4740 S OCEAN BLVD SUITE PH3	
CITY-ST-ZIP	HIGHLAND BEACH FL 33487	
TITLE	D	<input type="checkbox"/> Delete
NAME	ADWAR, HARRY	
STREET ADDRESS	4740 S. OCEAN BLVD., #1711	
CITY-ST-ZIP	HIGHLAND BEACH FL 33487	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	LEWIN, HERBERT	
STREET ADDRESS	4740 S. OCEAN BLVD #1606	
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	D	<input type="checkbox"/> Delete
NAME	DRAPKEN, ARNOLD	
STREET ADDRESS	4740 S OCEAN BLVD #1003	
CITY-ST-ZIP	HIGHLAND BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BEHRMAN, DIANE	
STREET ADDRESS	4740 S. OCEAN BLVD. #1602	
CITY-ST-ZIP	HIGHLAND BEACH FL 33487	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	T SCHWEIZER, HANNAH	
STREET ADDRESS	4740 S. OCEAN BLVD # 811	
CITY-ST-ZIP	HIGHLAND BEACH, FL 33487	
TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DACKER, LEONARD	
STREET ADDRESS	4740 S. OCEAN BLVD	
CITY-ST-ZIP	HIGHLAND BEACH, FL 33487	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 REQUIRED MIRIAM ZWICK 1/28/03 561-395-2339

CR2E037 (10/02)