

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 749847 (0)  
1. Corporation Name

THE BRABEN CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address  
%PATRICK HURLEY 4316 SOUTH OCEAN BLVD HIGHLAND BCH FL 33483-7523  
%PATRICK HURLEY 4316 SOUTH OCEAN BLVD HIGHLAND BCH FL 33483-7523

3. Date Incorporated or Qualified 11/19/1979  
3a. Date of Last Report 03/01/1995

2. Principal Place of Business 2a. Mailing Address  
21 CHARLES S. KRAVITZ 26 CHARLES S. KRAVITZ  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 APT 2 27 APT 2  
City & State City & State  
23 HIGHLAND BEACH, FL 28 HIGHLAND BEACH, FL  
Zip Country Zip Country  
24 33487 25 USA 29 33487 30 USA

4. FEI Number 37-1096778 Applied For Not Applicable  
5. Certificate of Status Desired \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent  
CHARLES S. KRAVITZ  
~~PATRICK HURLEY~~  
4316 SOUTH OCEAN BLVD.  
APT 2  
HIGHLAND BEACH FL 33487

10. Name and Address of New Registered Agent  
81 Name CHARLES S. KRAVITZ  
82 Street Address (P.O. Box Number is Not Acceptable) 4316 S. OCEAN BLVD  
83 APT 2  
84 City HIGHLAND BEACH FL 85 Zip Code 33487

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Charles S. Kravitz* CHARLES S. KRAVITZ 2/17/96  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	HURLEY, PATRICK	
STREET ADDRESS	4316 SOUTH OCEAN	
CITY-ST-ZIP	HIGHLAND BCH FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	BRAHLER, RICHARD W	
STREET ADDRESS	2501 PAYSON RD	
CITY-ST-ZIP	QUINCY IL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CZERWINSKI, FRANK	
STREET ADDRESS	68 WOODLAND DR.	
CITY-ST-ZIP	W. PATERSON NJ	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	THOMPSON, CRAIG	
STREET ADDRESS	BOX 475 FINLAND RD.	
CITY-ST-ZIP	GREEN LANE PA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	KRAVITZ, CHARLES S.	
1.3 STREET ADDRESS	4316 SOUTH OCEAN	
1.4 CITY-ST-ZIP	HIGHLAND BEACH, FL	
2.1 TITLE	CZERWINSKI, BEVERLY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	68 WOODLAND DR.	
2.3 STREET ADDRESS	W. PATERSON, NJ 07424	
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Frank Czerwinski* 22896 914-335-1249  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
Frank Czerwinski, President/Director

CR2E037 (12/95)