

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

**FILED**

**Feb 26 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

**DOMINICK F. PAPIA  
4316 S OCEAN BLVD  
HIGHLAND BEACH FL 33487  
US**

**DOMINICK F. PAPIA  
4316 S OCEAN BLVD  
HIGHLAND BEACH FL 33487  
US**

3. Date Incorporated or Qualified  
**11/19/1979**

4. FEI Number **37-1096778**

Applied For  Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 24 Country 25 28 Zip 29 Country 30

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

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

7. Is this nonprofit corporation a homeowners association?  
**condominium**  Yes  No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**DOMINICK F PAPIA  
4316 SOUTH OCEAN BLVD  
APT. 4  
HIGHLAND BEACH FL 33487**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PAPIA, DOMINICK F.</b>	
STREET ADDRESS	<b>4316 S OCEAN BLVD</b>	
CITY-ST-ZIP	<b>HIGHLAND BEACH FL 33487</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CZERWINSKI, FRANK</b>	
STREET ADDRESS	<b>68 WOODLAND DR.</b>	
CITY-ST-ZIP	<b>W. PATERSON NJ</b>	
TITLE	<b>DS</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>THOMPSON, CRAIG</b>	
STREET ADDRESS	<b>BOX 475 FINLAND RD.</b>	
CITY-ST-ZIP	<b>GREEN LANE PA</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CZERWINSKI, BEVERLY</b>	
STREET ADDRESS	<b>68 WOODLAND DR.</b>	
CITY-ST-ZIP	<b>W PATERSON NJ 07424</b>	
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	<b>PRES./DIR.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>DOMINICK F. PAPIA</b>	
1.3 STREET ADDRESS	<b>4316 S. OCEAN BLVD</b>	
1.4 CITY-ST-ZIP	<b>HIGHLAND BEACH FL 33487</b>	
2.1 TITLE	<b>DS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>CZERWINSKI, FRANK</b>	
2.3 STREET ADDRESS	<b>68 WOODLAND DR.</b>	
2.4 CITY-ST-ZIP	<b>W. PATERSON NJ</b>	
3.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>THOMPSON, CRAIG</b>	
3.3 STREET ADDRESS	<b>BOX 475 FINLAND RD</b>	
3.4 CITY-ST-ZIP	<b>GREENLANE, PA</b>	
4.1 TITLE	<b>OFF</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>PAPIA, MARYANN</b>	
4.3 STREET ADDRESS	<b>4316 S. OCEAN BLVD</b>	
4.4 CITY-ST-ZIP	<b>HIGHLAND BEACH, FL 33487</b>	
5.1 TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>QUINN, SHERI</b>	
5.3 STREET ADDRESS	<b>4316 S. OCEAN BLVD</b>	
5.4 CITY-ST-ZIP	<b>HIGHLAND BEACH FL 33487</b>	
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 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 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: *[Handwritten Signature]*

CR2E037 (10/97)