

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 26 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # 749847 (0)
1. Corporation Name
THE BRABEN CONDOMINIUM ASSOCIATION, INC.



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| Principal Place of Business DOMINICK F. PAPIA 4316 S OCEAN BLVD HIGHLAND BEACH FL 33487 US | Mailing Address DOMINICK F. PAPIA 4316 S OCEAN BLVD HIGHLAND BEACH FL 33487 US |
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| 3. Date Incorporated or Qualified 11/19/1979 |
| 4. FEI Number 37-1096778 |
| Applied For <input type="checkbox"/> Not Applicable |

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| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country |
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| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? condominium <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

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| 9. Name and Address of Current Registered Agent DOMINICK F PAPIA 4316 SOUTH OCEAN BLVD APT. 4 HIGHLAND BEACH FL 33487 |
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| 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 |
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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 reinstalling) DATE _____

| 12. OFFICERS AND DIRECTORS | |
|------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PAPIA, DOMINICK F. 4316 S OCEAN BLVD HIGHLAND BEACH FL 33487 <input checked="" type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD CZERWINSKI, FRANK 68 WOODLAND DR. W. PATERSON NJ <input checked="" type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS THOMPSON, CRAIG BOX 475 FINLAND RD. GREEN LAKE PA <input checked="" type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T CZERWINSKI, BEVERLY 68 WOODLAND DR. W PATERSON NJ 07424 <input checked="" type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | PRES./DIR. DOMINICK K. F. PAPIA 4316 S. OCEAN BLVD HIGHLAND BEACH FL 33487 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | DS. CZERWINSKI, FRANK 68 WOODLAND DR. W. PATERSON, NJ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | D THOMPSON, CRAIG BOX 475 FINLAND RD GREEN LAKE, PA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | PAPIA, MARYANN 4316 S. OCEAN BLVD HIGHLAND BEACH, FL 33487 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | VD QUINN, SHERI 4316 S. OCEAN BLVD HIGHLAND BEACH FL 33487 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *[Signature]*

CR2E037 (10/97)