2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT #749847 FILED THE BRABEN CONDOMINIUM ASSOCIATION, INC. 05 MAR -4 AM 10: 19 SECRETAN: OF STATE Principal Place of Business Mailing Address DOMINICHE PAPIA HERMANTAEGE DOMINICKT PAPIA HERMAN THEGE TALLAHASSEE, FLORIDA 4316 S OCEAN BLVD 4316 S OCEAN BLVD HIGHLAND BEACH, FL 33487 HIGHLAND BEACH, FL 33487 2. Principal Place of Business 3. Mailing Address 4316S HERMAN Suite, Apt. #, etc. Suite, Apt. #, etc. H1 02242005 REIN-NP CR2E099 (6/04) 4. FEI Number Applied For 37-1096778 iahlanc Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33487 334 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TAEGE, HERMAN A Street Address (P.O. Box-Number is Not Accepta 4316 SOUTH OCEAN BLVD APT, 1 HIGHLAND BEACH, FL 33487 #1 Zip Code 33437 City Deach land 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 ed agent and title if applicable Make check payable to FILE NOW!!! FEE IS \$297.50 Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE 03/15/05--01029--007 ***297.50 NAME TAEGE, HERMAN A NAME STREET ADDRESS 4316 S. OCEAN BLVD. 1 STREET ADDRESS CITY-ST-ZIP HIGHLAND BEACH, FL 33487 CITY-ST-ZIP TITLE Defete TITLE Change ☐ Addition NAME THOMPSON, CRAIG NAME BOX 475 FINLAND RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GREEN LANE, PA CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME TAEGE; BARBARA NAME 4316 S. OCEAN BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HIGHLAND BEACH, FL 33487 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE . Change ■ Addition NAME NAMÉ STREET ADDRESS 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 wher like empowered. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR