

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
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DOCUMENT # **749847** (0)
1. Corporation Name
THE BRABEN CONDOMINIUM ASSOCIATION, INC.



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 ☐ Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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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
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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 ☒ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CZERWINSKI, FRANK 68 WOODLAND DR. W. PATERSON NJ ☒ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS THOMPSON, CRAIG BOX 475 FINLAND RD. GREEN LAKE PA ☒ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CZERWINSKI, BEVERLY 68 WOODLAND DR. W PATERSON NJ 07424 ☒ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 ☒ Change ☐ 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 ☒ Change ☐ 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 ☒ Change ☐ 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 ☒ Change ☐ 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 ☒ Change ☐ Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ 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: *[Handwritten Signature]*

CR2E037 (10/97)