

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 749847

1. Entity Name

THE BRABEN CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Jan 23, 2001 8:00 am**  
**Secretary of State**

01-23-2001 90106 047 \*\*\*\*61.25

0004657

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

37-1096778

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME PAPIA, DOMINICK F  
STREET ADDRESS 4316 S OCEAN BLVD  
CITY-ST-ZIP HIGHLAND BEACH FL 33487

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DS ☐ Delete  
NAME CZERWINSKI, FRANK  
STREET ADDRESS 68 WOODLAND DR.  
CITY-ST-ZIP W. PATERSON NJ

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME THOMPSON, CRAIG  
STREET ADDRESS BOX 475 FINLAND RD.  
CITY-ST-ZIP GREEN LANE PA

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME PAPIA, MARYANN  
STREET ADDRESS 431C S OCEAN BLVD  
CITY-ST-ZIP HIGHLAND BEACH FL 33487

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME CODA, ROBERT  
STREET ADDRESS 29 WOODLAND DR  
CITY-ST-ZIP W PATERSON NJ 07414

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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 other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dominick F. PAPIA

*D. PAPIA* 1-11-01 661-243-6377  
President-Director Date Daytime Phone #

CR2E037 (10/00)