

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000004604

1. Entity Name

100 BRAVADO LANE CONDOMINIUM ASSOCIATION, INC.

FILED

Feb 05, 2002 8:00 am  
Secretary of State

02-05-2002 90024 014 \*\*\*\*61.25

Principal Place of Business

Mailing Address

100 BRAVADO LANE, UNIT #4  
PALM BEACH SHORES FL 33404

100 BRAVADO LANE, UNIT #4  
PALM BEACH SHORES FL 33404

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-07395 93

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

STEWART, JAMES M ESQ  
1211 THE PLAZA  
SINGER ISLAND FL 33404-4740

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
ZANELLI, HELEN  
100 BRAVADO LANE, UNIT #4  
PALM BEACH SHORES FL 33404

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
100 Bravado Lane # 6

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DV  
ANDERSON, HERMINE  
23 COLBY AVE.  
FULTONVILLE NY 12072

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DS  
COLLINS, ELIZABETH  
100 BRAVADO LANE, UNIT #4  
PALM BEACH SHORES FL 33404

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
100 Bravado Lane # 2

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DT  
KELLEHER, PATRICIA  
100 BRAVADO LANE, UNIT #4  
PALM BEACH SHORES FL 33404

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

PATRICIA KELLEHER  
Patricia Kelleher 1/15/02 561  
845-0525

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)