

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004604

FILED  
Jan 06, 2009  
Secretary of State

**Entity Name:** 100 BRAVADO LANE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 65-0739593

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STEWART, JAMES M ESQ  
1211 THE PLAZA  
SINGER ISLAND, FL 334044740 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DT ( ) Delete  
Name: DISCHINGER, FREDERICK L  
Address: 100 BRAVADO LANE, # 5  
City-St-Zip: PALM BEACH SHORES, FL 33404

Title: DP ( ) Delete  
Name: THOMAS, CRAIG  
Address: 810 HERITAGE WAY  
City-St-Zip: BELVIDERE, IL 61008

Title: DVP ( ) Delete  
Name: KELLEHER, PATRICIA  
Address: 100 BRAVADO LANE, UNIT #4  
City-St-Zip: PALM BEACH SHORES, FL 33404

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FREDERICK DISCHINGER

DT

01/06/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date