



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90019 041 ****61.25

DOCUMENT # 746679 1. Entity Name BRAEMAR ISLE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 4740 SO. OCEAN BLVD. HIGHLAND BCH, FL 33487				Mailing Address 4740 SO. OCEAN BLVD. HIGHLAND BCH, FL 33487	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		02282006 Chg-NP CR2E037 (11/05)	
Zip		Country		4. FEI Number 59-2205129	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent TEXEIRA, MONA S 4740 SOUTH OCEAN BLVD., ATT: OFFICE HIGHLAND BEACH, FL 33487				7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZWICK, MIRIAM 4740 S OCEAN BLVD SUITE PH3 HIGHLAND BEACH, FL 33487	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY RESNICK, PAUL 4740 SOUTH Ocean Blvd # 605 Highland Bch, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADWAR, HARRY 4740 S. OCEAN BLVD., #1711 HIGHLAND BEACH, FL 33487	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	X VICE PRESIDENT SCHWEIZER, HANNAH 4740 S OCEAN BLVD # 811 HIGHLAND BEACH, FL 33487	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR PCKER, LEONARD 4740 South Ocean Blvd # 1612 Highland Bch, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SITRICK, JOSEPH 4740 SOUTH OCEAN BLVD #1406 HIGHLAND BEACH, FL 33487	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRAPKEN, ARNOLD 4740 S OCEAN BLVD #1003 HIGHLAND BEACH, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR KALLMAN, HAROLD 4740 South Ocean Blvd # 1405 Highland Bch, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	X TREASURER BEHRMAN, DIANE 4740 S. OCEAN BLVD. #1602 HIGHLAND BEACH, FL 33487	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Miriam S Zwick President</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date _____ Daytime Phone # 561-395-2339	