

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996		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

Mailing Address

%PATRICK HURLEY
4316 SOUTH OCEAN BLVD
HIGHLAND BCH FL 33483-7523

%PATRICK HURLEY
4316 SOUTH OCEAN BLVD
HIGHLAND BCH FL 33483-7523

3. Date Incorporated or Qualified **11/19/1979** 3a. Date of Last Report **03/01/1995**

4. FEI Number **37-1096778** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 **CHARLES S. KRAVITZ**

26 **CHARLES S. KRAVITZ**

Suite, Apt. #, etc. **APT 2**

Suite, Apt. #, etc. **APT 2**

City & State

City & State

23 **HIGHLAND BEACH, FL**

28 **HIGHLAND BEACH, FL**

Zip

Zip

24 **33487**

Country **USA**

29 **33487**

Country **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHARLES S. KRAVITZ
~~PATRICK HURLEY~~
4316 SOUTH OCEAN BLVD.
APT 2
HIGHLAND BEACH FL 33487

81 Name **CHARLES S. KRAVITZ**
82 Street Address (P.O. Box Number is Not Acceptable) **4316 S. OCEAN BLVD**
83 **APT 2**
84 City **HIGHLAND BEACH FL** 85 Zip Code **33487**

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 *Charles S. Kravitz*
Signature, typed or printed name of registered agent and title if applicable

CHARLES S. KRAVITZ

2/17/96
DATE

12. OFFICERS AND DIRECTORS

TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	HURLEY, PATRICK	
STREET ADDRESS	4316 SOUTH OCEAN	
CITY-ST-ZIP	HIGHLAND BCH FL	
TITLE	DE	<input type="checkbox"/> DELETE
NAME	BRAHLER, RICHARD W	
STREET ADDRESS	2501 PAYSON RD	
CITY-ST-ZIP	QUINCY IL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CZERWINSKI, FRANK	
STREET ADDRESS	68 WOODLAND DR.	
CITY-ST-ZIP	W. PATERSON NJ	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	THOMPSON, CRAIG	
STREET ADDRESS	BOX 475 FINLAND RD.	
CITY-ST-ZIP	GREEN LAKE PA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	KRAVITZ, CHARLES S.	
1.3 STREET ADDRESS	4316 SOUTH OCEAN	
1.4 CITY-ST-ZIP	HIGHLAND BEACH, FL	
2.1 TITLE	CZERWINSKI, BEVERLY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	68 WOODLAND DR.	
2.3 STREET ADDRESS	W. PATERSON NJ 07654	
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Frank Czerwinski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frank Czerwinski, President/Director

Date

2-28-96

914-335-1249
Daytime Phone #

CR2E037 (12/95)