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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 749847

1. Corporation Name

THE BRABEN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

DOMINICK F. PAPIA
4316 S OCEAN BLVD
HIGHLAND BEACH FL 33487
US

Mailing Address

DOMINICK F. PAPIA
4316 S OCEAN BLVD
HIGHLAND BEACH FL 33487
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

11/19/1979

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE T
NAME PAPIA, MARYANN
STREET ADDRESS 4316 S OCEAN BLVD
CITY-ST-ZIP HIGHLAND BEACH FL 33487

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE VD
NAME GUINN, SHERI
STREET ADDRESS 4316 S OCEAN BLVD
CITY-ST-ZIP HIGHLAND BEACH FL 33487

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOMINICK F. PAPIA

2-8-99 (561) 243-6377

Date

Daytime Phone #

CR2E037 (11/98)