

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 749847

1. Entity Name

THE BRABEN CONDOMINIUM ASSOCIATION, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90117 028 ****61.25

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 33487-4277
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

37-1096778

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME PAPIA, MARYANN
STREET ADDRESS 431C S OCEAN BLVD
CITY-ST-ZIP HIGHLAND BEACH FL 33487

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME ROBERT CODA
STREET ADDRESS 29 WOODLAND DR
CITY-ST-ZIP W. PATERSON NJ 07424

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOMINICK F PAPIA

D. Papi

1-21-00

561-243-6377

Daytime Phone #

CR2E037 (9/99)