

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 749847

1. Entity Name

THE BRABEN CONDOMINIUM ASSOCIATION, INC.

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90106 047 ****61.25

0004657

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

37-1096778

Applied For

Not Applicable

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

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

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

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

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

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

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

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

TITLE VD
NAME CODA, ROBERT
STREET ADDRESS 29 WOODLAND DR
CITY-ST-ZIP W PATERSON NJ 07414 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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. PAPIA 1-11-01 661-243-6377
President-Director Date Daytime Phone #

CR2E037 (10/00)