

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000004604

1. Entity Name

100 BRAVADO LANE CONDOMINIUM ASSOCIATION, INC.

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90024 014 ****61.25

Principal Place of Business

Mailing Address

100 BRAVADO LANE, UNIT #4
PALM BEACH SHORES FL 33404

100 BRAVADO LANE, UNIT #4
PALM BEACH SHORES FL 33404

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-07395 93

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

STEWART, JAMES M ESQ
1211 THE PLAZA
SINGER ISLAND FL 33404-4740

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
ZANELLI, HELEN
100 BRAVADO LANE, UNIT #4
PALM BEACH SHORES FL 33404 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
100 Bravado Lane # 6

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
ANDERSON, HERMINE
23 COLBY AVE.
FULTONVILLE NY 12072 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
COLLINS, ELIZABETH
100 BRAVADO LANE, UNIT #4
PALM BEACH SHORES FL 33404 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
100 Bravado Lane # 2

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
KELLEHER, PATRICIA
100 BRAVADO LANE, UNIT #4
PALM BEACH SHORES FL 33404 ☐ 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

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:

Patricia Kelleher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Patricia Kelleher 1/15/02 561
845-0525

Date

Daytime Phone #

CR2E037 (9/01)