## 2006 NOT-FOR-PROFIT CORPORATION

## **FILED ANNUAL REPORT (AR)** Mar 30, 2006 8:00 am **Secretary of State** DOCUMENT # N01000004604 1. Entity Name 03-30-2006 90029 045 \*\*\*\*61.25 100 BRAVADO LANE CONDOMINIUM ASSOCIATION. INC. Principal Place of Business Mailing Address 100 BRAVADO LANE, UNIT #4 100 BRAVADO LANE, UNIT #4 PALM BEACH SHORES FL 33404 PALM BEACH SHORES FL 33404 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #. etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number 65-0739593 Not Applicable \$8.75 Additional Zip Country Zio Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STEWART, JAMES M ESQ Street Address (P.O. Box Number is Not Acceptable) 1211 THE PLAZA SINGER ISLAND FL 33404-4740 Zip Code FL 8. The above named ontity-submits this statement for the purpose of changing its registered office or registered agent; or both, in the State of Florida. I am tamiliar with, and accept the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 **\$5.00** May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2006 Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. DVP Change TITLE ☐ Delete TITLE Dischinger, Frederick L DISCHENGER, LEE F NAME NAME 100 Brasado Ca Apt. 5 STREET ADDRESS 100 BRAVADO LANE, # 5 STREET ADDRESS PALM BEACH SHORES FL 33404 CITY-ST-ZIP CITY-ST-ZIP Palm Brach ☐ Delete TITLE TITLE Kelleher, Patricia THOMAS, CRAIG NAME NAME 100 Brasado En Unity STREET ADDRESS 810 HERITAGE WAY STREET ADDRESS BELVIDERE IL 61008 Palm Beach Shores, FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition HILE ☐ Deleie TITLE KELLEHER, PATRICIA NAME NAME 100 BRAVADO LANE, UNIT #4 STREET ADDRESS STREET ADDRESS PALM BEACH SHORES FL 33404 CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. 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.

TITLE

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

Delete

☐ Delete

SIGNATURE:

TITLE

NAME STREET ADDRESS

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3-20-06 561-848-8766

Change

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■ Addition

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