

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N03000005843

1. Entity Name
BRAZILIAN COURT CONDOMINIUM ASSOCIATION, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JAN 14 AM 7:29

Principal Place of Business
C/O CEEBRAID-SIGNAL CORPORATION
250 AUSTRALIAN AVE. SO., STE. 1003
WEST PALM BEACH, FL 33401

Mailing Address
C/O CEEBRAID-SIGNAL CORPORATION
250 AUSTRALIAN AVE. SO., STE. 1003
WEST PALM BEACH, FL 33401



05052005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1257643

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHLESINGER, ADAM
C/O CEEBRAID-SIGNAL CORPORATION
250 AUSTRALIAN AVE. SO., STE. 1003
WEST PALM BEACH, FL 33401

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SCHLESINGER, ADAM
STREET ADDRESS C/O 250 AUSTRALIAN AVE. SO., STE. 1003
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE VD
NAME SCHLESINGER, LESLIE
STREET ADDRESS C/O 250 AUSTRALIAN AVE. SO., STE. 1003
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE STD
NAME SCHLESINGER, RICHARD
STREET ADDRESS C/O 250 AUSTRALIAN AVE. SO., STE. 1003
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

200061605742
11/21/05--01045--003 **\$61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Adam Schlesinger, Director

6/30/05

113a