

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90003 024 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 701495			
1. Corporation Name VAN BUREN COOPERATIVE APARTMENTS INC			
Principal Place of Business 1717 VAN BUREN ST HOLLYWOOD FL 33020		Mailing Address 1717 VAN BUREN ST HOLLYWOOD FL 33020	
2. Principal Place of Business 21 Suits, Apt. #, etc.		2a. Mailing Address 26 Suits, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip Country		28 Zip Country	
24		30	
3. Date Incorporated or Qualified 10/03/1960		4. FEI Number 59-0954388	
5. Certificate of Status Desired ☐		8. Election Campaign Financing Trust Fund Contribution ☐	
6. Additional Fee Required \$8.75		9. May Be Added to Fees \$5.00	
9. Name and Address of Current Registered Agent BATCHELDER, WILFRED 1717 VAN BUREN ST. HOLLYWOOD FL 33020		10. Name and Address of New Registered Agent 81 Name CATHERINE CHATELUT 82 Street Address (P.O. Box Number is Not Acceptable) 1717 VAN BUREN ST 83 Hollywood, FL 33020 84 City FL 85 Zip Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.			
SIGNATURE <i>[Signature]</i>		DATE 3-10-99	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD ☐ DELETE	1.1 TITLE TREAS	1.2 NAME ED. SPEECHES, EDWARD
NAME		1.3 STREET ADDRESS 1717 VAN BUREN ST	1.4 CITY-STATE-ZIP Hollywood, FL 33020
STREET ADDRESS		2.1 TITLE VP	2.2 NAME SILVER, JOSEPH
CITY-STATE-ZIP		2.3 STREET ADDRESS 1717 VAN BUREN ST	2.4 CITY-STATE-ZIP Hollywood, FL 33020
TITLE	VP ☐ DELETE	3.1 TITLE VP	3.2 NAME ESPOSITO, CAROLINE
NAME		3.3 STREET ADDRESS 1717 VAN BUREN ST	3.4 CITY-STATE-ZIP Hollywood, FL 33020
STREET ADDRESS		4.1 TITLE PRES	4.2 NAME CATHERINE CHATELUT
CITY-STATE-ZIP		4.3 STREET ADDRESS 1717 VAN BUREN ST	4.4 CITY-STATE-ZIP Hollywood, FL 33020
TITLE	PD ☐ DELETE	5.1 TITLE SEC	5.2 NAME ADAM FREN
NAME		5.3 STREET ADDRESS 1717 VAN BUREN ST	5.4 CITY-STATE-ZIP Hollywood, FL 33020
STREET ADDRESS		6.1 TITLE	6.2 NAME
CITY-STATE-ZIP		6.3 STREET ADDRESS	6.4 CITY-STATE-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
EDWARD SPEECHES, TREAS

3-10-99

922-6521

Deputy Phone #

CP2E037 (1/98)