

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

0015626

**DOCUMENT # 722089**

1. Entity Name

**VAN BUREN GARDENS CONDOMINIUM ASSOCIATION, INC.**

04-02-2002 90884 042 \*\*\*\*61.25

Principal Place of Business

2127 VAN BUREN STREET  
 HOLLYWOOD FL 33020  
 US

Mailing Address

3127 W HALLANDALE BEACH BLVD  
 STE 102  
 HALLANDALE FL 33009  
 US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

Zip

Country

4201 N. Ocean Drive #13  
 #203  
 Hollywood FL FL  
 33019 Broward



DO NOT WRITE IN THIS SPACE

4. FEI Number  
 65-0939617

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROCK, SANDRA  
 3127 W HALLANDALE BEACH BLVD  
 STE 102  
 HALLANDALE FL 33009

7. Name and Address of New Registered Agent

Name: Gunther Rabitch  
 Street Address: 4201 N. Ocean Drive #13 #203  
 City & State: Hollywood FL  
 Zip Code: 33019

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	ROCK, SONDR	
STREET ADDRESS	3800 HILLCREST DR #1016	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RABITISH, GUNTHER	
STREET ADDRESS	5555 N. OCEAN BLVD., #43	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PRIGMORE, SHARON	
STREET ADDRESS	3850 WASHINGTON ST #1116	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ROBERTS, CAROLYN	
STREET ADDRESS	2127 VAN BUREN ST	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P.D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RABITISH, GUNTHER	
STREET ADDRESS	4201 N. OCEAN DRIVE #203	
CITY-ST-ZIP	Hollywood FL, 33019	
TITLE	V.O.P.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROCK, SONDR	
STREET ADDRESS	3800 Hillcrest Drive #1016	
CITY-ST-ZIP	HWD, FL 33021	
TITLE	Prigmore, SHARON	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3850 Washington St #1116	
STREET ADDRESS	HWD, FL 33021	
CITY-ST-ZIP	Secretary	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Date

Daytime Phone #

CR2E037 (9/01)