

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90101 005 \*\*\*\*61.25

**DOCUMENT # 722089**

1. Entity Name  
**VAN BUREN GARDENS CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
4201 N. OCEAN DRIVE  
STE. 203  
HOLLYWOOD, FL 33019 US

Mailing Address  
4201 N. OCEAN DRIVE  
STE. 203  
HOLLYWOOD, FL 33019 US

44029596



2. Principal Place of Business

3. Mailing Address

3127 W. Hallandale Bch Blvd  
Suite, Apt. # etc.  
102

Same

03102004 Chg-NP CR2E037 (10/03)

City & State

City & State

Hallandale, FL

Zip

Country

33009

Broward

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

7. Name and Address of New Registered Agent

BABITCH, GUNTHER  
4201 N. OCEAN DRIVE  
STE. 203  
HOLLYWOOD, FL 33019

Name

Street Address (P.O. Box Number is Not Acceptable)

3127 W. Hallandale Bch. Blvd. Ste 102

City

Hallandale, Florida

FL

Zip Code  
33009

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 May 1, 2004

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T  
NAME ROCK, SONDR  
STREET ADDRESS 3800 HILLCREST DR #1016  
CITY-ST-ZIP HOLLYWOOD, FL 33021

Treasurer  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PD  
NAME RABITISH, GUNTHER  
STREET ADDRESS 4201 N. OCEAN DRIVE, #203  
CITY-ST-ZIP HOLLYWOOD, FL 33019

President  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

SD  
NAME PRIGMORE, SHARON  
STREET ADDRESS 3850 WASHINGTON ST #1116  
CITY-ST-ZIP HOLLYWOOD, FL 33021

Secretary  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

NAME  
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NAME  
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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 and typed or printed name of signing officer or director

4-12-04 954  
989-1001