2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR) ...

## Mar 17, 2005 8:00 am Secretary of State 2/1 **DOCUMENT # 722089** 02-21-2005 90063 049 \*\*\*\*61.25 VAN BUREN GARDENS CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 3127 W HALLANDALE BAY BLVD. 3127 W HALLANDALE BAY BLVD. 66005301 HALLANDALE FL 33009 HALLANDALE FL 33009 2. Principal Place of Business 3. Maiting Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) 4. FEI Number Applied For City & State City & State 65-0939617 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Priamore aron BABITCH, GUNTHER-3127 W HALLANDALE BCH. BLVD. HALLANDALE FL 33009 妈给2019 Hallondale 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 Fiorida. I am familiar with, and accept the obligations of registered agent. riamore FILE NOW: FEE IS \$61.25 9. Bection Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State TO OFFICERS AND DIRECTORS IN 10 ADDITIONS/CHANG 10. Beh Blub Addition Delets TITLE haron ROCK, SONDRA MALES NAME 3800 HILLCREST DR #1016 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33021 33009 CITY-ST-ZIP CITY-ST-ZIP Delate THE MLE RABITISH, GUNTHER NAME NAME allandale Bch BIVD 4201 N OCEAN DRIVE, #203 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33019 CITY-ST-ZIP CITY-\$1-7P SD. - ☐ Change ☐ Addition Detate -TATLE TITLE PRIGMORE, SHARON NAME NAME 3850 WASHINGTON ST #1116 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33021 CITY-ST-ZIP... CITY-ST-ZIP TITLE ☐ Defete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZEP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME SURFET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7IP 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 employered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if SIGNATURE

**FILED**