2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 722089

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

Principal Place of Business	Mailing Address
3127 W HALLANDALE BAY BLVD. 1021 HALLANDALE, FL 33009 US	3127 W HALLANDALE BAY BLVD. 1021 HALLANDALE, FL 33009 US

DO NOT WRITE IN THIS SPACE

01292006 No Chg-NP CR2E037 (11/05)

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

PRIGMORE, SHAREN
3127 W HALLANDALE BCH. BLVD.
STE. 102
HALLANDALE, FL 33009

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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] 1/30/2006
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, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	ROCK, SONDRA
STREET ADDRESS	3127 W HALLENDALE BCH BLVD #102
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	P
NAME	PRIGMORE, SHARON
STREET ADDRESS	3127 W HALLENDALE BCH BLVD #102
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	SD
NAME	PRIGMORE, SHARON
STREET ADDRESS	3850 WASHINGTON ST #1116
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000438215
02/28/06-80080-008 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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] 1-31-06 954 986-1001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #