2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#722089

FILED Aug 12, 2009 Secretary of State

Entity Name: VAN BUREN GARDENS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2632 HOLLYWOOD BLVD., #104 3800 HILLCREST DRIVE

HOLLYWOOD, FL 33020 US #1018

HOLLYWOOD, FL 33021 US

Current Mailing Address: New Mailing Address:

2632 HOLLYWOOD BLVD., #104 3800 HILLCREST DRIVE

HOLLYWOOD, FL 33020 US #1018

HOLLYWOOD, FL 33021 US

FEI Number: 65-0939617 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PRIGMORE, SHARON
3127 W HALLANDALE BCH. BLVD.
PRIGMORE, SHARON
3800 HILLCREST DRIVE

STE. 102 #1018

HALLANDALE, FL 33009 US HOLLYWOOD, FL 33021 US

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:

08/12/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ST () Delete Title: ST (X) Change () Addition Name: ROCK, SONDRA Name: ROCK, SONDRA

Address: 3127 W HALLENDALE BCH BLVD #102 Address: 3800 HILLCREST DRIVE #1018

City-St-Zip: HALLANDALE, FL 33009 City-St-Zip: HOLLYWOOD, FL 33021 US

Title: P () Delete Title: P (X) Change () Addition

Name: PRIGMORE, SHARON Name: PRIGMORE, SHARON

Address: 3127 W HALLENDALE BCH BLVD #102 Address: 3800 HILLCREST DRIVE #1018
City-St-Zip: HALLANDALE, FL 33009 City-St-Zip: HOLLYWOOD, FL 33021 US

Title: SD () Delete Title: () Change () Addition

 Name:
 PRIGMORE, SHARON
 Name:

 Address:
 3850 WASHINGTON ST #1116
 Address:

 City-St-Zip:
 HOLLYWOOD, FL 33021
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON PRIGMORE P 08/12/2009