2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

DOCUMENT # 722089

1. Entity Name

Principal Place of Business

changed, or on an attacl

SIGNATURE:

VAN BUREN GARDENS CONDOMINIUM ASS



Apr 18, 2003 8:00 am Secretary of State

04-18-2003 90221 045 ****61.25

FILED

OCIATION, INC.	•	
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2127 VAN BUREN STREET 4201 N OCEAN DRIVE HOLLYWOOD FL 33020 STE 203 HOLLYWOOD FL 33019 uite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 203 re &State FEI Number 65-0939617 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired 000019 Fee Required roward 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BABITCH, GUNTHER Street Address (P.O. Box Number is Not Acceptable) 420 N OCEAN DRIVE STE 203 HOLLYWOOD FL 33019 City Zip Code 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 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. **VPD** President TITLE ☐ Delete TITLE ☐ Addition Gunther ROCK, SONDRA NAME NAME locean Drive #203 3800 HILLCREST DR #1016 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33021 CITY-ST-ZIP CITY-ST-ZIP SONDRA Treasurer Change ☐ Delete TITLE TITLE RABITISH, GUNTHE fill crest Dr. #1016 NAME NAME 4201 N OCEAN DRIVE, #203 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33019 CITY-ST-ZIP Change ☐ Delete ☐ Addition TITLE TITLE PRIGMORE, SHARON NAME NAME 3850 WASHINGTON ST #1116 الله المراجعة STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33021 CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete TIT! F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐. Delete TITLE ☐ Change Addition ٠, NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 attach first with an address, with all other like empowered.