

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 19 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 701495 (4)

1. Corporation Name

VAN BUREN COOPERATIVE APARTMENTS INC



Principal Place of Business

Mailing Address

1717 VAN BUREN ST
HOLLYWOOD FL 330201717 VAN BUREN ST
HOLLYWOOD FL 33020-51473. Date Incorporated or Qualified
10/03/19603a. Date of Last Report
01/26/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIAMS, ALBERT
1717 VAN BUREN ST.
HOLLYWOOD FL 33020

81 Name

WILFRED BATCHELDER

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

1717 VAN BUREN ST.

83

HOLLYWOOD, FL 33020

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

W. H. Batchelder

(NOTE: Registered Agent signature required when re-instating)

DATE

3-12-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
TD	SPEECHES, EDWARD	1717 VAN BUREN ST HOLLYWOOD, FL 00000		<input type="checkbox"/>
VP	CHATELET, CATHERINE	1717 VANBUREN ST. HOLLYWOOD, FL 00000		<input checked="" type="checkbox"/>
VP	ESPOSITO, CAROLINE	1717 VANBUREN ST. HOLLYWOOD, FL 00000		<input type="checkbox"/>
PD	WILLIAMS, ALBERT	1717 VAN BUREN ST HOLLYWOOD, FL 00000		<input checked="" type="checkbox"/>
SD	WILLIAMS, EUNICE	1717 VAN BUREN ST HOLLYWOOD, FL 00000		<input checked="" type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

VP JOSEPH SIVER
1717 VAN BUREN ST
HOLLYWOOD, FL 33020PD WILFRED BATCHELDER
1717 VAN BUREN ST
HOLLYWOOD, FL 33020SD JANINA KOPEC
1717 VAN BUREN ST
HOLLYWOOD, FL 33020

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Edward M. Speeches Treas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-97

Date

922-6521

Daytime Phone # 0021147

CR2E037 (9/96)