

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jul 12, 2000 8:00 am
Secretary of State

05-26-2000 90066 041 ***61.25

DOCUMENT # 722089

1. Entity Name

VAN BUREN GARDENS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

2127 VAN BUREN GARDENS
 HOLLYWOOD FL 33020

Mailing Address

2127 VAN BUREN GARDENS
 HOLLYWOOD FL 33020-4996

2. Principal Place of Business

2127 Van Buren ST
 #206

3. Mailing Address

Same

City & State

Hollywood FL

City & State

Zip Country

33020 USA

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

~~BOUSSARD, JOHN E~~
 3609 S.W. 21ST CT
 FT LAUDERDALE FL 33312

7. Name and Address of New Registered Agent

Name
 Carolyn Roberts
 Street Address (P.O. Box Number is Not Acceptable)
 2127 Van Buren ST #206
 HOLLYWOOD FL
 City HOLLYWOOD FL Zip Code 33020

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.

SIGNATURE *Carolyn Y. Roberts* - CAROLYNN Y. ROBERTS - PRESIDENT - 4/28/00
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BOUSSARD, JOHN E JR	
STREET ADDRESS	3609 S.W. 21ST CT	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	
TITLE	VT	<input type="checkbox"/> Delete
NAME	RABITISH, GUNTHER	
STREET ADDRESS	5555 N. OCEAN BLVD., #43	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	PUNZINNG, ADRIAN	
STREET ADDRESS	2219 POLK ST	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	M	<input type="checkbox"/> Delete
NAME	KANEFESKY, RON	
STREET ADDRESS	2127 VAN BUREAN GD., APT 201	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT - "D"	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carolyn Roberts	
STREET ADDRESS	2127 Van Buren St.	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	Treasurer - "T"	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patricia Kanefsky	
STREET ADDRESS	12755 SW 16th Ct #B103	
CITY-ST-ZIP	HOLLYWOOD FL 33027	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	delete	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	delete	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	John Broussard - "T"	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Broussard	
STREET ADDRESS	3609 S.W. 21 CT.	
CITY-ST-ZIP	FT. LAUD., FLA 33312	
TITLE	Sharon Prigmore - "D"	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sharon Prigmore	
STREET ADDRESS	3850 Washington St. # 1116	
CITY-ST-ZIP	HOLLYWOOD, FLA 33021	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Carolyn Y. Roberts* CAROLYNN Y. ROBERTS 4/28/00 954-925-2402
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (PRESIDENT) Date Daytime Phone # 954-989-1001

CR2E037 (9/99)