

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

0015626

DOCUMENT # 722089

1. Entity Name

VAN BUREN GARDENS CONDOMINIUM ASSOCIATION, INC.

04-02-2002 90884 042 ****61.25

Principal Place of Business

Mailing Address

2127 VAN BUREN STREET
 HOLLYWOOD FL 33020
 US

3127 W HALLANDALE BEACH BLVD
 STE 102
 HALLANDALE FL 33009
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

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

7. Name and Address of New Registered Agent

ROCK, SANDRA
3127 W HALLANDALE BEACH BLVD
STE 102
HALLANDALE FL 33009

Name **Günther Rabitch**
 Street Address **4201 N. Ocean Drive #203**
 City **Hollywood** State **FL** Zip Code **33019**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
 NAME **ROCK, SONDR**
 STREET ADDRESS **3800 HILLCREST DR #1016**
 CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **P.D.** ☐ Change ☐ Addition
 NAME **RABITCH, GUNTHER**
 STREET ADDRESS **4201 N. OCEAN DRIVE #203**
 CITY-ST-ZIP **Hollywood FL 33019**

TITLE **VD** ☐ Delete
 NAME **RABITCH, GUNTHER**
 STREET ADDRESS **5555 N. OCEAN BLVD., #43**
 CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **V.O.P.** ☐ Change ☐ Addition
 NAME **ROCK, SONDR**
 STREET ADDRESS **3800 Hillcrest Drive #1016**
 CITY-ST-ZIP **H.W.D., FL 33021**

TITLE **TD** ☐ Delete
 NAME **PRIGMORE, SHARON**
 STREET ADDRESS **3850 WASHINGTON ST #1116**
 CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **P.R.** ☐ Change ☐ Addition
 NAME **PRIGMORE, SHARON**
 STREET ADDRESS **3850 Washington St #1116**
 CITY-ST-ZIP **H.W.D., FL 33021** Secretary

TITLE **SD** ☒ Delete
 NAME **ROBERTS, CAROLYN**
 STREET ADDRESS **2127 VAN BUREN ST**
 CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)