


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 722089

1. Entity Name
VAN BUREN GARDENS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 3127 W HALLANDALE BAY BLVD. 1021 HALLANDALE, FL 33009 US	Mailing Address 3127 W HALLANDALE BAY BLVD. 1021 HALLANDALE, FL 33009 US
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01292006 No Chg-NP CRZE037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0939817	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PRIGMORE, SHAREN
3127 W HALLANDALE BCH. BLVD.
STE. 102
HALLANDALE, FL 33009**

DO NOT WRITE IN THIS SPACE

* 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: *Sharon Prigmore* DATE: **1/30/2006**

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

**Filing Fee is \$81.25
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROCK, SONDR 3127 W HALLENDALE BCH BLVD #102 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRIGMORE, SHARON 3127 W HALLENDALE BCH BLVD #102 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PRIGMORE, SHARON 3850 WASHINGTON ST #1116 HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/28/06-80080-008 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Sharon Prigmore* DATE: **1-31-06** Daytime Phone #: **954-984-1001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR