


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2006 8:00 am
Secretary of State

07-11-2006 90021 040 ****61.25

DOCUMENT # 753342 1. Entity Name VAN BUREN CLUB TOWNHOMES ASSOCIATION, INC.					
Principal Place of Business 2520 VANBUREN STREET HOLLYWOOD, FL 33020			Mailing Address 2520 VANBUREN STREET HOLLYWOOD, FL 33020		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
COLLINS, CAROL 2520 VAN BUREN ST. #1 HOLLYWOOD, FL 33020				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL 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					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P/D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HEREDIA, JUAN		NAME		
STREET ADDRESS	2520 VAN BUREN ST #8		STREET ADDRESS		
CITY - ST - ZIP	HOLLYWOOD, FL 33020		CITY - ST - ZIP		
TITLE	VP/D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EZIDORE, MICHAEL		NAME		
STREET ADDRESS	2520 VAN BUREN ST #15		STREET ADDRESS		
CITY - ST - ZIP	HOLLYWOOD, FL 33020		CITY - ST - ZIP		
TITLE	T/D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	COLLINS, CAROL		NAME	T/D Marilyn Woolard	
STREET ADDRESS	2520 VAN BUREN ST #1		STREET ADDRESS	2520 Van Buren St. #10	
CITY - ST - ZIP	HOLLYWOOD, FL 33020		CITY - ST - ZIP	Hollywood, FL 33020	
TITLE	S/D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COLLINS, CAROL		NAME		
STREET ADDRESS	2520 VAN BUREN ST #1		STREET ADDRESS		
CITY - ST - ZIP	HOLLYWOOD, FL 33020		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PORTER, JOHN		NAME		
STREET ADDRESS	2520 VAN BUREN ST #16		STREET ADDRESS		
CITY - ST - ZIP	HOLLYWOOD, FL 33020		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOWLES, JUAN		NAME		
STREET ADDRESS	2520 VAN BUREN ST #6		STREET ADDRESS		
CITY - ST - ZIP	HOLLYWOOD, FL 33020		CITY - ST - ZIP		

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: *Marilyn Woolard* Marilyn Woolard July 3, 2006

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07012006 Chg-NP CR2E037 (4/06)

4. FEI Number
59-2397598

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required