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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Saridra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N17885

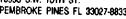
(7)

BUCKINGHAM AT CENTURY VILLAGE CONDOMINIUM #II AS SOCIATION, INC.

Principal Place of Business 13550 S.W. 10TH ST.

Mailing Address

13550 S.W. 10TH ST





PEMBROKE	PINES FL 3302	27-8833	PEMBR	PEMBROKE PINES FL 33027-8833								
0. D.											te of Last Report 04/19/1995	
Principal Place of Business 1				2a. Mailing Address				4. FEI Number			Applied For	
Suite, Apt. #, etc.			26					65-0035398			Not Applicable	
22 City & State			27					5. Certificate of Status Desire	o 🗀	\$8.75 Additional Fee Required		
23				City & State				Election Campaign Financia Trust Fund Contribution	ng 🖸		00 May Be ed to Fees	
Zip 24		Country	Zφ		Count	у		8. This corporation has liability	for intangible			
[24]	9 Name a	of Address of Curr	29	A	30			Florida Statutes	Yes	□No	, , , , , , , , , , , , , , , , , , , ,	
	3. Hallie a	ilu Address of Curr	eni Registered /	Agent		II Non		10. Name and Address of No	w Registere	d Agent		
B4150 A1151 TA 111						81 Name						
DAMS, CHARLES W.					8:	2 Stre	et Adores	s (P.O. Box Number is Not Acce	ptable)			
% ENCORE MAINTENANCE & MANAGEMENT						ļ						
13550 SW 10TH ST.						}						
PEMBROKE PINES FL 33027					84	City				. 85 Z	p Code	
11. Pursuant	to the provision	o of Continue C17 050	0.00						F			
or registe familiar w	red agent, or bo ith, and accept	oth, in the State of Flo the obligations of, Sec	rida. Such chang ction 617.0503, F	, Florida Statutes je was authorized Florida Statutes.	s, the above d by the con	named coration	corporati 's board	on submits this statement for the of directors. I hereby accept the	purpose of c appointment a	hanging its as registered	registered office d agent. I am	
SIGNATURE	Signature, typed or	orinted name of registered ago	nt and tile it applicable	(NOTE	E: Registered Age	int sonatu	re recuired wi	ien reinstating	DATE			
12.	1	OFFICERS A	ND DIRECTORS		13.			ADDITIONS/CHANGES TO		ID DIBECTO)8S IN 12	
TITLE	PD			DELETE	1.1 TITLE	******	PP			∑ Change	Addition	
NAME	RUDOLPH	i, janu			1.2 NAME		FRO	NK JULINUS I SW 128TH AUB Mbroke Pines F		ted		
STREET ADDRESS		28TH AVENUE			1.3 STREE	T ADORES	s 90!	I RM I YELH HAR	!		1	
CITY-ST-ZIP	PEMBRO	(E PINES FL			1.4 CITY-	ST-ZIP	ଚ ହ	words lines !				
TITLE	VPD			DELETE	21 TITLE		VPI	5	***************************************	Change	[] Addition	
NAME	MARTIN, JOYCE				2.2 NAME		100	N SILVERIAN				
STREET ADDRESS	12000 0.11. 7 [[0].					F ADDRES	128	OU SW TH CT				
CITY-ST-ZIP	PEMBRO	(E PINES FL			2. 4 CiTY -	ST-ZIP	Pe	mbroke flues fl				
TITLE	STD		l	DELETE	3.1 TITLE		ST	>		Change	Addition	
NAME	SUGAR, L				3.2 NAME		Ru	BIN BENTAMIN		-	_	
STREET ADDRESS		28TH AVENUE			3.3 STREE	ADDRESS	70	SW 128TH AVE	•			
CITY-ST-ZIP	PEMBROK	E PINES FL			3.4. CITY-	\$1- <i>1</i> 1P	Pe	mbroke PINES F	L			
TITLE				DELETE	4.1 TITLE				***************************************	Change	Addition	
NAME					4. 2 NAME					-		
STREET ADDRESS					4.3 STREET	ADDRESS	3					
CITY-ST-ZIP					4.4 CITY - 9	T-ZIP						
TITLE			Į.	DELETE	51 TITLE			***************************************		Change	Addition	
NAME					5.2 NAME						-	
STREET ADDRESS					5.3 STREET	ADDRESS	:				1	
CITY-ST-ZIP					5.4 CITY - 9	T-ZIP						
TITLE			ľ	DELETE	6.1 TITLE					☐ Change	Addition	
NAME					6.2 NAME							
STREET ADDRESS					6.3 STREET	ADDRESS						
City-St-ZiP					6.4 CITY - S	1- <i>7</i> IP	1				ļ	

I do hereby certify that the information supplied with this filing is voluntarily formished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

GNATURE:

GNATURE:

GNATURE:

SIGNATURE AND TYPETOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Desting Printed Destination 119.07(3)(k), Florida Statutes, I further exemption stated in Section 119.07(3)(k), Florida Statutes, I further exemption stated in Section 119.07(3)(k), Florida Statutes, I further exemption stated in Section 119.07(3)(k), Florida Statutes, I further exemption stated in Section 119.07(3)(k), Florida Statutes, I further exemption stated in Section 119.07(3)(k), Florida Statutes, I further exemption stated in Section 119.07(3)(k), Florida Statutes, I further exemption stated in Section 119.07(3)(k), Florida Statutes, I further exemption stated in Section 119.07(3)(k), Florida Statutes, I further exemption stated in Section 119.07(3)(k), Florida Statutes, I further exemption stated in Section 119.07(3)(k), Florida Statutes, I further exemption stated in Section 119.07(3)(k), Florida Statutes, I further exemption stated in Section 119.07(3)(k), Florida Statutes, I further exemption stated in Section 119.07(3)(k), Florida Statutes, I further exemption stated in Section 119.07(3)(k), Florida Statutes, I further exemption stated in Section 119.07(3)(k), Florida Statutes, I further exemption stated in Section 119.07(3)(k), Florida Statutes, I further exemption stated in Section 119.07(3)(k), Florida Statutes, I further exemption stated in Section 119.07(3)(k), Florida S