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Feb 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N17885** **(7)**

1. Corporation Name

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

Principal Place of Business	Mailing Address
13550 S.W. 10TH ST. PEMBROKE PINES FL 33027-8833	13550 S.W. 10TH ST. PEMBROKE PINES FL 33027-1881

Arista South

2. Principal Place of Business	2a. Mailing Address
21 12289 Pembroke Rd	26 12289 Pembroke Rd
22 Suite 106	27 Suite 106
23 City & State: Pembroke Pines, Fla	28 City & State: Pembroke Pines, Fla
24 Zip: 33025 25 Country: Broward	29 Zip: 33025 30 Country: Broward

3. Date Incorporated or Qualified: 11/20/1986
3a. Date of Last Report: 05/22/1996

4. FEI Number: 65-0035398 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DAVIS, CHARLES W.
% ENCORE MAINTENANCE & MANAGEMENT
13550 SW 10TH ST.
PEMBROKE PINES FL 33027

10. Name and Address of New Registered Agent

81 Name: Arista South
82 Street Address (P.O. Box Number is Not Acceptable): 12289 Pembroke Rd.
83 Suite 106
84 City: Pembroke Pines FL 85 Zip Code: 33025

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: X Charles W Davis Per Rep Mgt
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	JULIAND, FRANK		1.2 NAME		
STREET ADDRESS	901 SW V128TH AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL		1.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SILVERMAN, FRAN		2.2 NAME		
STREET ADDRESS	12800 SW 7TH CT		2.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL		2.4 CITY-ST-ZIP		
TITLE	STD	☑ DELETE	3.1 TITLE	Sec/Tres. Director	☑ Change ☐ Addition
NAME	BENJAMIN, RUBIN		3.2 NAME	Rudy Janit	
STREET ADDRESS	701 SW 128TH AVE		3.3 STREET ADDRESS	781 SW 128th Ave	
CITY-ST-ZIP	PEMBROKE PINES FL		3.4 CITY-ST-ZIP	P. P. Fla	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		1 3 2/25
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS	Bank Dep # 61.25	
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 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.

SIGNATURE: X Frank Juliand REQUIRED January 28, 1997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #