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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N17885

1. Corporation Name

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

#1004

Principal Place of Business

ARISTA SOUTH
12289 PEMBROKE RD. SUITE 106
PEMBROKE PINES FL 33025

Mailing Address

ARISTA SOUTH
12289 PEMBROKE RD. SUITE 106
PEMBROKE PINES FL 33025



2. Principal Place of Business

21 *arista south*

2a. Mailing Address

26 *arista south*

3. Date Incorporated or Qualified

11/20/1986

Suite, Apt. #, etc.

22 *12289 Pembroke Rd.*

Suite, Apt. #, etc.

27 *12289 Pembroke Rd.*

4. FEI Number

65-0035398

Applied For

Not Applicable

City & State

23 *Pembroke Pines, Fla*

City & State

28 *Pembroke Pines, Fla*

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

24 Zip

25 Country

33025 USA

29 Zip

30 Country

33025 USA

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

9. Name and Address of Current Registered Agent

ARISTA SOUTH
12289 PEMBROKE RD.
SUITE 106
PEMBROKE PINES FL 33025

10. Name and Address of New Registered Agent

81 Name *Charlie Davis Arista South*
82 Street Address (P.O. Box Number is Not Acceptable)
12289 Pembroke Rd.
83 *Pembroke Pines*
84 City *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 *Charles W Davis*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-14-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME *DST*
STREET ADDRESS *ELLMAN, ENID*
CITY-ST-ZIP *901 SW 128TH AVE*
PEMBROKE PINES FL 33027

TITLE ☐ DELETE

NAME *DVP*
STREET ADDRESS *HYMAN, MARION*
CITY-ST-ZIP *12800 SW 7TH CT.*
PEMBROKE PINES FL 33027

TITLE ☒ DELETE

NAME *DP*
STREET ADDRESS *JANU, RUDY*
CITY-ST-ZIP *701 SW 128TH AVE*
PEMBROKE PINES FL 33027

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME *PD*
1.3 STREET ADDRESS *ELLMAN-ENID*
1.4 CITY-ST-ZIP *901 SW 128th Ave*
Pembroke Pines, Fla 33027

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME *STD*
3.3 STREET ADDRESS *GUZIK-Gilbert*
3.4 CITY-ST-ZIP *701 SW 128th Ave*
Pembroke Pines, Fla 33027

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: *Signature of Officer/Director*

1-15-99

Date

Daytime Phone #

CR2E037 (11/98)