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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

3. Date Incorporated or Qualified
11/20/1986

3a. Date of Last Report
05/22/1996

2. Principal Place of Business
21 12289 Pembroke Rd

2a. Mailing Address
26 12289 Pembroke Rd

4. FEI Number
65-0035398

Applied For
Not Applicable

Suite, Apt. #, etc.
22 Suite 106

Suite, Apt. #, etc.
27 Suite 106

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

City & State
23 Pembroke Pines, Fla

City & State
28 Pembroke Pines, Fla

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

Zip
24 33025

Country
25 Broward

Zip
29 33025

Country
30 Broward

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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
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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JULIAND, FRANK	
STREET ADDRESS	901 SW V128TH AVE	
CITY - ST - ZIP	PEMBROKE PINES FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	SILVERMAN, FRAN	
STREET ADDRESS	12800 SW 7TH CT	
CITY - ST - ZIP	PEMBROKE PINES FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	BENJAMIN, RUBIN	
STREET ADDRESS	701 SW 128TH AVE	
CITY - ST - ZIP	PEMBROKE PINES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<i>Sec/Treas. - Director</i>
3.3 STREET ADDRESS	<i>Ruby Janit</i>
3.4 CITY - ST - ZIP	<i>7810 SW 128th Ave</i>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 Juliano* January 28, 1997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Deadline Phone # 222-1210

CR2E037 (9/96)