


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004 8:00 am
Secretary of State

02-19-2004 90016 049 ****61.25

DOCUMENT # N17885 1. Entity Name BUCKINGHAM AT CENTURY VILLAGE CONDOMINIUM #II ASSOCIATION, INC.					
Principal Place of Business 13460 SW 10 STREET SUITE 101 PEMBROKE PINES, FL 33027			Mailing Address 13460 SW 10 STREET SUITE 101 PEMBROKE PINES, FL 33027		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 65-0035398				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent					
DAVIS, CHARLES 13460 SW 10 STREET STE 101 HOLLYWOOD, FL 33027					
7. Name and Address of New Registered Agent					
Name Charles W. DAVIS Street Address (P.O. Box Number 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 Charles Davis DATE 1/13/2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		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					
TITLE	DP <input type="checkbox"/> Delete NAME HYMES, MARION STREET ADDRESS 12800 SW 7 CT G- 105 CITY-ST-ZIP PEMBROKE PINES, FL 33027				
TITLE	DST <input checked="" type="checkbox"/> Delete NAME FERRETTI, NANCY STREET ADDRESS 701 SW 125 AVE F-115 CITY-ST-ZIP PEMBROKE PINES, FL 33027				
TITLE	VPD <input type="checkbox"/> Delete NAME HEYMAN, RUTH STREET ADDRESS 901 SW 128 AVE E- 306 CITY-ST-ZIP PEMBROKE PINES, FL 33027				
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				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
TITLE	S/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Rudolph Janu # F-104 STREET ADDRESS 701 SW 128 AV CITY-ST-ZIP Pembroke Pines, FL 33027				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
12. 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 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: Marion Hymes - MARION HYMES 1-29-04 954-436-5888 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					