2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17885

FILED Jan 15, 2009 Secretary of State

Entity Name: BUCKINGHAM AT CENTURY VILLAGE CONDOMINIUM #II ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

13460 SW 10 STREET SUITE 101 PEMBROKE PINES, FL 33027

Current Mailing Address: New Mailing Address:

13460 SW 10 STREET SUITE 101 PEMBROKE PINES, FL 33027

FEI Number: 65-0035398 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

OTTO, CHARLIE ESQ
STRALEY & OTTO, P.A.
2699 STIRLING ROAD, SUITE C-207
FORT LAUDERDALE, FL 33312 US
OTTO, CHARLIE ESQ
2699 STIRLING ROAD
SUITE C-207
FORT LAUDERDALE, FL 33312 US

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.

SIGNATURE: 01/15/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 DP () Delete
 Title:
 PD (X) Change () Addition

 Name:
 HYMES, MARION
 Name:
 HYMES, MARION

 Address:
 12800 SW 7 CT G- 105
 Address:
 12800 SW 7 CT G- 105

 City-St-Zip:
 PEMBROKE PINES, FL 33027
 City-St-Zip:
 PEMBROKE PINES, FL 33027

 Title:
 VPD
 () Delete
 Title:
 VP
 (X) Change () Addition

 Name:
 HEYMAN, RUTH
 Name:
 FRIEMAN, AUDRY

 Address:
 904 SW 138 AVE F. 204

 Address:
 901 SW 128 AVE E- 306
 Address:
 901 SW 128 AVE E- 204

 City-St-Zip:
 PEMBROKE PINES, FL 33027
 City-St-Zip:
 PEMBROKE PINES, FL 33027

Title: ST () Delete Title: SCTR (X) Change () Addition

 Name:
 MERLINO, PHILLIP
 Name:
 MERLINO, PHILLIP

 Address:
 701 SW 128TH AVE F-303
 Address:
 701 SW 128TH AVE F-303

 City-St-Zip:
 PEMBROKE PINES, FL 33027
 City-St-Zip:
 PEMBROKE PINES, FL 33027

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARION HYMES PD 01/15/2009