2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2004 8:00 am
Secretary of State
03-04-2004 90013 017 ****61.25

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MOORE CR2E037 (11/03)

DOCUMENT # 750301

1. Entity Name

BUCKINGHAM CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5050 BAYVIEW DRIVE FT. LAUDERDALE FL 33308 US	5050 BAYVIEW DRIVE FT. LAUDERDALE FL 33308 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. #23
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2042306 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GOTTSACKER, NICLOE
5050 BAYVIEW DRIVE
#18
FT. LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name RAPPA, HUGH
Street Address (P.O. Box Number is Not Acceptable) 3206 ROBBINS Rd
City POMPANO BEACH FL Zip Code 33062

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: [signature] 3-15-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GOTTSACKER, NICOLE 5050 BAYVIEW DRIVE #17 FORT LAUDERDALE FL 33308	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CAPONIGRO, GUIDO 5050 BAYVIEW Dr # 5 FT LAUDERDALE, FL 33308	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP JAHEDI, RONNIE 5050 BAYVIEW DRIVE #4 FT. LAUDERDALE FL 33308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD/T RAPPA, HUGH 3206 HOBBINS ROAD POMPANO BEACH FL 33062	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T JOY, WAYNE S 5050 BAYVIEW DR #18 FORT LAUDERDALE FL 33308	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S JOY, BRENDA 5050 BAYVIEW DRIVE #18 FORT LAUDERDALE FL 33308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP PARVIZ, JAHEDI 5050 BAYVIEW DRIVE # FORT LAUDERDALE FL 33308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] 3-15-04 954 257-6290
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #