

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 750301 1. Entity Name BUCKINGHAM CONDOMINIUM ASSOCIATION, INC.	
---	---

Principal Place of Business 5050 BAYVIEW DRIVE FT. LAUDERDALE, FL 33308 US	Mailing Address 5050 BAYVIEW DRIVE #23 FT. LAUDERDALE, FL 33308 US
--	--



02182006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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

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

6. Name and Address of Current Registered Agent

**JAHEDI, RAMIN
5050 BAYVIEW DR #15
FORT LAUDERDALE, FL 33308**

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when renewing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

UN00000444668
03/07/06-80012-011 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAPONIGRO, GUIDO 5050 BAYVIEW DR #5 FORT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JAHEDI, RAMIN 5050 BAYVIEW DR #15 FT. LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO RAPPA, HUGH 3206 HOBBS ROAD POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HUGH, RAPPA 3206 HOBBS RD POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PARVIZ, JAHEDI 5050 BAYVIEW DRIVE # FORT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GOTTSACKER, NICOLE 5050 BAYVIEW DR #17 FORT LAUDERDALE, FL 33308

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #