

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90248 014 ****61.25

DOCUMENT # N16827

1. Entity Name

**BUCKINGHAM AT CENTURY VILLAGE CONDOMINIUM #1
ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

15951 SW 41 ST
SUITE 150
DAVIE FL 33331
US

15951 SW 41 ST
SUITE 150
DAVIE FL 33331
US

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

65-0035392

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEVE, SCHNITLER
15951 SW 41 ST
SUITE 150
DAVIE FL 33331

7. Name and Address of New Registered Agent

Name Charles W Davis

Street Address (P.O. Box Number is Not Acceptable)

46 Prime Management

13160 SW 18th St #101

City

Pembroke Pines

FL

Zip Code

33027

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 General Manager

Charles W Davis R.A.

5/28/06

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

TITLE TD ☐ Delete
NAME STEIN, AL
STREET ADDRESS 12950 SW 7TH CT. #A-308
CITY-ST-ZIP PEMBROKE PINES FL 33027

TITLE PD ☐ Delete
NAME ADOW, GILDA
STREET ADDRESS 900 SW 128TH AVE
CITY-ST-ZIP PEMBROKE PINES FL 33027

TITLE VD ☐ Delete
NAME ROSSI, MARY
STREET ADDRESS 12900 SE 7 CT
CITY-ST-ZIP PEMBROKE PINES FL 33027

TITLE SD ☐ Delete
NAME MARCUS, MAX
STREET ADDRESS 700 SW 128 AVE. #C208
CITY-ST-ZIP PEMBROKE PINES FL 33027

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 #