



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2007 8:00 am**  
**Secretary of State**

03-08-2007 90001 012 \*\*\*\*61.25

<b>DOCUMENT # N16827</b> 1. Entity Name <b>BUCKINGHAM AT CENTURY VILLAGE CONDOMINIUM #1 ASSOCIATION, INC.</b>					
Principal Place of Business <b>15951 SW 41 ST SUITE 150 DAVIE, FL 33331 US</b>			Mailing Address <b>15951 SW 41 ST SUITE 150 DAVIE, FL 33331 US</b>		
2. Principal Place of Business - No P.O. Box # <b>Miele Brothers Mgt. Suite, Apt. #, etc. 2045 SW 127 Ave.</b>		3. Mailing Address <b>Miele Brothers Mgt. Suite, Apt. #, etc. 2045 SW 127 Ave.</b>			
City & State <b>Davie, FL</b>		City & State <b>Davie, FL</b>		4. FEI Number <b>65-0035392</b>	
Zip <b>33325</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>DAVIS, CHARLES W. C/O PRIME MGMT 13460 SW 10TH ST #101 PEMBROKE PINES, FL 33027</b>				7. Name and Address of New Registered Agent Name <b>Miele Brothers Management</b> Street Address (P.O. Box Number is Not Acceptable) <b>2045 SW 127 Ave.</b> City <b>Davie</b> FL <b>33325</b>	
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 <u><i>Debra C. McGarvey, LCAM</i></u> DATE <u><i>2/20/07</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STEIN, AL 12950 SW 7TH CT. #A-308 PEMBROKE PINES, FL 33027	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SADOW, GILDA 900 SW 128TH AVE PEMBROKE PINES, FL 33027	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PID Sadow, Gilda 900 SW 128 Ave #D-309 Pembroke Pines, FL 33027 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROSSI, MARY 12900 SE 7 CT PEMBROKE PINES, FL 33027	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VID Rossi, Mary 12900 SW 7 CT. #B-210 Pembroke Pines, FL 33027 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARCUS, MAX 700 SW 128 AVE. #C208 PEMBROKE PINES, FL 33027	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Debra C. McGarvey, LCAM</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u><i>3/1/07</i></u> <u><i>954-473-6285</i></u> <small>Date Daytime Phone #</small>		

*Debra C. McGarvey*