

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90004 019 ****61.25

DOCUMENT # N16827		
1. Entity Name BUCKINGHAM AT CENTURY VILLAGE CONDOMINIUM #1 ASSOCIATION, INC.		

Principal Place of Business MIELE BROTHERS MGT 2045 SW 127 AVE DAVIE, FL 33325 US	Mailing Address MIELE BROTHERS MGT 2045 SW 127 AVE DAVIE, FL 33325 US
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2. Principal Place of Business - No P.O. Box # TRINITY MANAGEMENT SOLUTIONS 549 SAWGRASS CORP PARKWAY SUNRISE FL 33325	3. Mailing Address TRINITY MANAGEMENT SOLUTIONS 549 SAWGRASS CORP PARKWAY SUNRISE FL 33325
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01132008 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0035392	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MIELE BROTHERS MANAGEMENT 2045 SW 127 AVE DAVIE, FL 33325	7. Name and Address of New Registered Agent Name TRINITY MANAGEMENT SOLUTIONS Street Addr 549 SAWGRASS CORP PARKWAY City SUNRISE FL 33325
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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 reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE TD	<input checked="" type="checkbox"/> Delete	TITLE TREAS STAN COOKE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME STEIN, AL		NAME 12950 SW 7 CT.	
STREET ADDRESS 12950 SW 7TH CT. #A-308		STREET ADDRESS Pembroke Pines FL 33027	
CITY-ST-ZIP PEMBROKE PINES, FL 33027		CITY-ST-ZIP PEMBROKE PINES FL 33027	
TITLE PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SADOW, GILDA		NAME	
STREET ADDRESS 900 SW 128 AVE #D-309		STREET ADDRESS	
CITY-ST-ZIP PEMBROKE PINES, FL 33027		CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROSSI, MARY		NAME	
STREET ADDRESS 12900 SW 7 CT #B-212		STREET ADDRESS	
CITY-ST-ZIP PEMBROKE PINES, FL 33027		CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARCUS, MAX		NAME	
STREET ADDRESS 700 SW 128 AVE. #C208		STREET ADDRESS	
CITY-ST-ZIP PEMBROKE PINES, FL 33027		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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>Gilda Sadow</u>	1/24/08 954332-6861
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #