

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16827

FILED
Apr 08, 2009
Secretary of State

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

Current Principal Place of Business:

TRINITY MANAGEMENT SOLUTIONS
549 SAWGRASS CORP PARKWAY
SUNRISE, FL 33325 US

New Principal Place of Business:

PROGRESSIVE COMMUNITY MGMT-FT LAUDERDALE
549 SAWGRASS CORP PARKWAY
SUNRISE, FL 33325 US

Current Mailing Address:

TRINITY MANAGEMENT SOLUTIONS
549 SAWGRASS CORP PARKWAY
SUNRISE, FL 33325 US

New Mailing Address:

PROGRESSIVE COMMUNITY MGMT-FT LAUDERDALE
549 SAWGRASS CORP PARKWAY
SUNRISE, FL 33325 US

FEI Number: 65-0035392

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRINITY MANAGEMENT SOLUTIONS
549 SAWGRASS CORP PARKWAY
SUNRISE, FL 33325 US

Name and Address of New Registered Agent:

PROGRESSIVE COMMUNITY MGMT-FT LAUDERDALE
549 SAWGRASS CORP PARKWAY
SUNRISE, FL 33325 US

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.

SIGNATURE: HELENIZE GOMES

04/08/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SADOW, GILDA
Address: 900 SW 128 AVE #D-309
City-St-Zip: PEMBROKE PINES, FL 33027

Title: VD () Delete
Name: ROSSI, MARY
Address: 12900 SW 7 CT #B-212
City-St-Zip: PEMBROKE PINES, FL 33027

Title: SD () Delete
Name: MARCUS, MAX
Address: 700 SW 128 AVE. #C208
City-St-Zip: PEMBROKE PINES, FL 33027

Title: T () Delete
Name: COOKE, STAN
Address: 12950 SW 7 CT
City-St-Zip: PEMBROKE PINES, FL 33027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HELENIZE GOMES

D

04/08/2009

Electronic Signature of Signing Officer or Director

Date