

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16827

**FILED**  
**Feb 03, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 65-0035392      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

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

Title: P  
Name: COOKE, STAN  
Address: 12950 SW 7 CT  
City-St-Zip: PEMBROKE PINES, FL 33027

I hereby 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 all other like empowered.

SIGNATURE: HELEN GOMES

MGR

02/03/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date