
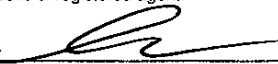
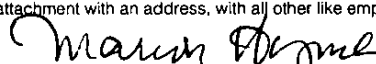


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90008 016 ****61.25

DOCUMENT # N17885 1. Entity Name BUCKINGHAM AT CENTURY VILLAGE CONDOMINIUM #II ASSOCIATION, INC.					
Principal Place of Business 13460 SW 10 STREET SUITE 101 PEMBROKE PINES, FL 33027			Mailing Address 13460 SW 10 STREET SUITE 101 PEMBROKE PINES, FL 33027		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0035398	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent DAVIS, CHARLES W 13460 SW 10 STREET STE 101 HOLLYWOOD, FL 33027			7. Name and Address of New Registered Agent Name CHARLIE OTTO, Esq. Street Address (P.O. Box Number is Not Acceptable) Straley + Otto, P.A. 2699 Stirling Road, Suite C-207 City FT. LAUDERDALE FL Zip Code 33312		
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  CHARLES OTTO, Esq. for STRALEY + OTTO, P.A. DATE 1-11-08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR is \$61.25		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HYMES, MARION		NAME		
STREET ADDRESS	12800 SW 7 CT G- 105		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES, FL 33027		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HEYMAN, RUTH		NAME		
STREET ADDRESS	901 SW 128 AVE E- 306		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES, FL 33027		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MERLINO, PHILLIP		NAME		
STREET ADDRESS	701 SW 128TH AVE F-303		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		
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:  Pres. <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date _____ Daytime Phone # _____					

40026611



10152007 Chg-NP CR2E037 (12/06)