2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N19110

Entity Name

Principal Place of Business

13460 SW 10 STREET

Suite, Apt. #, etc.

BUCKINGHAM AT CENTURY VILLAGE CONDOMINIUM #111 ASSOCIATION, INC.



SUITE 101
PEMBROKE PINES, FL 33027 US
SUITE 101
PEMBROKE PINES, FL 33027 US
2. Principal Place of Business - No P.O. Box #
3. Mailing Address

Mailing Address

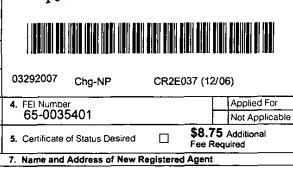
13460 SW 10 STREET

Suite, Apt. #, etc.

FILED Apr 18, 2007 8:00 am Secretary of State

04-18-2007 90150 018 ****61.25

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City & State		City & State	ity & State		4. FEI Number 65-0035401	
Zip	Country	Zip	Country	5. Certificate of Status Desired Sa.75 Additional Fee Required		
	6. Name and Address of Current Regi		7. Name and Address of New Registered Agent			
DAVIS, CHARLES W 13460 SW 10 ST STE 101 HOLLYWOOD, FL 33027			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
	e named entity submits this statement for the tions of registered agent. Signature, typed or printed name of registered agent and title. Filling Fee is \$61.25	inis Reg	Registered Asynt signature rec		DATE Make check	c payable to
10.	OFFICERS AND DIRECT		11.		TO OFFICERS AND DIF	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CODER, HAROLD 12750 SW 4 COURT APT J-401 PEMBROKE PINES, FL 33027	Delete	TITLE NAME STREET ADDRESS		oder 4 cort.	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST LATTMAN, HARRY 12950 SW 4 COURT APT H-112 PEMBROKE PINES, FL 33027	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-71P	DP DAVIS, MURRAY 12850 SW 4TH COURT I-401	☐ Delete	NAME STREET ADDRESS CUTY ST. 7/P			☐ Change ☐ 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.

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND THE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

☐ Delete

4/11/07 954-433-94A

☐ Change

Change

☐ Change

☐ Addition

Addition

☐ Addition