

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-18-2008 90008 017 ****61.25

DOCUMENT # N20275

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



Principal Place of Business
**13460 SW 10 STREET
SUITE 101
PEMBROKE PINES, FL 33027 US**

Mailing Address
**13460 SW 10 STREET
SUITE 101
PEMBROKE PINES, FL 33027 US**

40026610



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10152007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0035404

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAVIS, CHARLES W
13460 SW 10 ST
STE 101
PEMBROKE PINES, FL 33027**

Name **CHARLIE OTTO, Esq.**
Street Address (P.O. Box Number is Not Acceptable)
**Straley + Otto, PA.
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, PA**

1-11-08

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 **VD** ☐ Delete
NAME **WOLFF, CLIFFORD**
STREET ADDRESS **12600 SW 5 CT L-210**
CITY-ST-ZIP **PEMBROKE PINES, FL 33027**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **SCHULTZ, RAY**
STREET ADDRESS **650 SOUTHWEST 124 TERRACE P-102**
CITY-ST-ZIP **PEMBROKE PINES, FL 33027**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **FOX, HERB**
STREET ADDRESS **12650 SOUTHWEST 6 STREET K-315**
CITY-ST-ZIP **PEMBROKE PINES, FL 33027**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **GREENBERG, SAUL**
STREET ADDRESS **12650 SOUTHWEST 5 STREET M-406**
CITY-ST-ZIP **PEMBROKE PINES, FL 33027**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DST** ☐ Delete
NAME **LAWRENCE, BERNARD**
STREET ADDRESS **12650 SOUTHWEST 6 STREET N-210**
CITY-ST-ZIP **PEMBROKE PINES, FL 33027**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **SPINNATO, FRANK**
STREET ADDRESS **800 SW 125 WAY O-101**
CITY-ST-ZIP **PEMBROKE PINES, FL 33027**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #