

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90172 024 ****61.25

DOCUMENT # 735981

1. Entity Name
BROOKVIEW ASSOCIATION, INC.



Principal Place of Business
**13500 NE 3RD COURT #227
NORTH MIAMI FL 33161
US**

Mailing Address
**13500 NE 3RD COURT #227
NORTH MIAMI FL 33161
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1702167**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ASKEW, SUSAN J
13500 NE 3RD COURT #102
NORTH MIAMI FL 33161**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE 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	ST	<input type="checkbox"/> Delete
NAME	ASKEW, SUSAN J	
STREET ADDRESS	13500 NE 3 CT #102	
CITY-ST-ZIP	NO MIAMI FL 33161	
TITLE	PT	<input type="checkbox"/> Delete
NAME	MOORE, JOAN	
STREET ADDRESS	13500 NE 3 CT #126	
CITY-ST-ZIP	NO MIAMI FL 33161	
TITLE	TT	<input type="checkbox"/> Delete
NAME	REUMANN, JOHANNA	
STREET ADDRESS	13500 NE 3 CT #221	
CITY-ST-ZIP	NO MIAMI FL 33161	
TITLE	D	<input type="checkbox"/> Delete
NAME	FISCHER, ADAM	
STREET ADDRESS	13500 NE 3 CT #420	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIXON, JANET	
STREET ADDRESS	13500 NE 3 CT #219	
CITY-ST-ZIP	NORTH MIAMI FL 33161	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LAING, GLORIA	
STREET ADDRESS	13500 NE 3RD COURT #426	
CITY-ST-ZIP	MIAMI FL 33161	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARGARITA Veguilla	
STREET ADDRESS	13500 NE 3 CT # 404	
CITY-ST-ZIP	NO MIAMI, FL 33161	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 JOHANNA REUMANN 1/27/03 305-895-2480**

CR2E037 (10/02)