

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

FILED
Feb 03, 2003 8:00 am
Secretary of State

01-10-2003 90049 003 ****61.25

DOCUMENT # 743341

1. Entity Name

BRIDGEPORT TOWNHOUSE ASSOCIATION, INC.



Principal Place of Business

**2987 BRIDGEPORT AVENUE
COCONUT GROVE FL 33133**

Mailing Address

**2987 BRIDGEPORT AVENUE
COCONUT GROVE FL 33133**

55004500

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-1847333**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**AGUILAR, JOSE R
2989 BRIDGEPORT AVENUE
COCONUT GROVE FL 33133**

7. Name and Address of New Registered Agent

Name **CULLEN, SARAH D.**
Street Address (P.O. Box Number is Not Acceptable)
2987 BRIDGEPORT AVENUE
City **COCONUT GROVE** FL Zip Code **33133**

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

Sarah D. Cullen, President
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

7 January 2003
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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	AGUILAR, JOSE R	
STREET ADDRESS	2989 BRIDGEPORT AVE	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SILVA, LUIS JOSE	
STREET ADDRESS	2985 BRIDGEPORT AVE	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CULLEN, SARAH D	
STREET ADDRESS	2987 BRIDGEPORT AVE	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	RESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CULLEN, SARAH D.	
STREET ADDRESS	2987 BRIDGEPORT AVENUE	
CITY-ST-ZIP	COCONUT GROVE, FL 33133	
TITLE	V. PRES. D.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AGUILAR, JOSE R.	
STREET ADDRESS	2989 BRIDGEPORT AVE.	
CITY-ST-ZIP	COCONUT GROVE, FL 33133	
TITLE	LEA AND KIN OLUNDIRAN	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SECRETARY / TREASURER	
STREET ADDRESS	2985 BRIDGEPORT AVE.	
CITY-ST-ZIP	COCONUT GROVE, FL 33133	
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: *Sarah D. Cullen, President* **SARAH D. CULLEN** *7 January 2003*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (305) 446-0017 Date Daytime Phone #

CR2037 (10/02)