

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State

03-11-2002 90036 006 ****70.00

DOCUMENT # 752021

1. Entity Name

CENTER VIEW TOWNHOUSE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3165 CENTER STREET #3
 MIAMI FL 33133

3165 CENTER STREET #3
 MIAMI FL 33133

2. Principal Place of Business

3165 Center St

3. Mailing Address

3165 Center St.

Suite, Apt. #, etc.

2

Suite, Apt. #, etc.

2

City & State

Miami FL

City & State

Miami FL

4. FEI Number

59-2059537

Applied For

Not Applicable

Zip

33133

Country

None

Zip

33133

Country

None

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JAMIESON, LEWIS C.
 3165 CENTER STREET #3
 MIAMI FL 33133

7. Name and Address of New Registered Agent

Name: McGeary, Jane

Street Address (P.O. Box Number is Not Acceptable)
 3165 Center Street, #2

City: Miami

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.

SIGNATURE: *James L. McGeary*
 Signature, typed or printed name of registered agent and title if applicable.

Jane C. McGeary
 (NOTE: Registered Agent signature required when reinstating)

3/1/02
 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
 Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	JAMIESON, LEWIS C.	
STREET ADDRESS	3165 CENTER STREET #3	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ANTON, LUCIA	
STREET ADDRESS	3165 CENTER ST. #1	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MCGEARY, JANE	
STREET ADDRESS	3165 CENTER ST 2	
CITY-ST-ZIP	MIAMI 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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brewster Jamieson	
STREET ADDRESS	3165 Center St.	
CITY-ST-ZIP	Miami, 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		
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: *James L. McGeary*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/02

Date

305-336-6371

Daytime Phone #

CR2E037 (9/01)