

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752021

FILED  
Apr 14, 2005  
Secretary of State

**Entity Name:** CENTER VIEW TOWNHOUSE ASSOCIATION, INC.

**Current Principal Place of Business:**

3165 CENTER STREET  
# 2  
MIAMI, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

3165 CENTER STREET  
# 2  
MIAMI, FL 33133

**New Mailing Address:**

**FEI Number:** 59-2059537      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCGEARY, JANE  
3165 CENTER STREET  
# 2  
MIAMI, FL 33133 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: JAMIESON, BREWSTER  
Address: 3165 CENTER ST  
City-St-Zip: MIAMI, FL 33133

Title: VD ( ) Delete  
Name: ANTON, LUCIA,  
Address: 3165 CENTER ST. #1  
City-St-Zip: MIAMI, FL

Title: VD (X) Delete  
Name: MCGEARY, JANE,  
Address: 3165 CENTER ST 2  
City-St-Zip: MIAMI, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: MCGEARY, JANE  
Address: 3165 CENTER ST  
City-St-Zip: MIAMI, FL 33133

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANE C. MCGEARY

PD

04/14/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date