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

## Feb 21, 2003 8:00 am § Secretary of State **DOCUMENT # 752021** 1. Entity Name 02-21-2003 90202 037 \*\*\*\*61.25 CENTER VIEW TOWNHOUSE ASSOCIATION, INC. Principal Place of Business Mailing Address 3165 CENTER STREET 3165 CENTER STREET # 2 # 2 MIAMI FL 33133 MIAMI FL 33133 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-2059537 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCGEARY, JANE Street Address (P.O. Box Number is Not Acceptable) 3165 CENTER STREET # 2 **MIAMI FL 33133** 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 ture, typed or printed name of registered agent and title (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME JAMIESON, BREWSTER NAME STREET ADDRESS 3165 CENTER ST STREET ADDRESS CITY-ST-ZIP MIAMI FL 33133 CR2E037 CITY-ST-7IP VD. ☐ Delete TITLE Change ☐ Addition NAME anton, lucia NAME STREET ADDRESS 3165 CENTER ST. #1 STREET ADDRESS MIAMI FL - --CITY-ST-ZIP CITY-ST-ZIP --TITLE Delete TITLE ☐ Change ☐ Addition NAME MCGEARY, JANE STREET ADDRESS 3165 CENTER ST 2 STREET ADDRESS CITY-ST-7IP MIAMI FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE

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 changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

NAME

STREET ADDRESS

FILED

Change

☐ Addition