2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#743603

City-St-Zip:

MIAMI BEACH, FL 33139

FILED May 01, 2008 Secretary of State

Entity Name: EUCLID TOWNHOUSES CONDOMINIUM, INC. **Current Principal Place of Business: New Principal Place of Business:** 1220 EUCLID AVENUE MIAMI BEACH, FL 331394429 **Current Mailing Address: New Mailing Address:** C/O AMERICAN PROPERTY MANAGEMENT SPC. PO BOX 191042 MIAMI BEACH, FL 33119 FEI Number: 59-2177401 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SEGAL, TEDDI AMERICAN PROPERTY MANAGEMENT SPECIALISTS 1220 EÚCLID AVE, UNIT 5 1370 WASHINGTON MIAMI BEACH, FL 33139 US SUITE 312 MIAMI BEACH, FL 33139 US 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: KRISTINA MANGOLD 05/01/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SEGAL, TEDDI Name: Name: 1220 EUCLID AVE,#5 Address: Address: City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: Title: () Delete Title: () Change () Addition Name: GONZALEZ, HEMLEY Name: Address: 1220 EUCLID AVE #6 Address: City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: Title: () Delete Title: () Change () Addition GRAUPERA, AGUEDA Name: Name: Address: 1220 EUCLID AVE., #3 Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

City-St-Zip:

SIGNATURE: HEMLEY GONZALEZ VP 05/01/2008