I hereby 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 all other like empowered.

SIGNATURE: LESLIE LONGFIELD

Electronic Signature of Signing Officer/Director Detail

SIGNATURE: TIM VODA

Officer/Director Detail :			
Title	PRESIDENT	Title	TREASURER
Name	LONGFIELD, LESLIE	Name	ROUZE, DONALD
Address	418 EUCLID AVE	Address	418 EUCLID AVE
City-State-Zip:	MIAMI BEACH FL 33139	City-State-Zip:	MIAMI BEACH FL 33139
Title	SECRETARY		
Name	SPARKS, DEREK		
Address	418 EUCLID AVENUE		
City-State-Zip:	MIAMI BEACH FL 33139		

#### 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### **DOCUMENT# 726163**

Entity Name: 418 EUCLID AVENUE CONDOMINIUM, INC.

### **Current Principal Place of Business:**

**418 EUCLID AVENUE** MIAMI BEACH. FL 33139

## **Current Mailing Address:**

1234 WASHINGTON AVE SUITE 300 MIAMI BEACH, FL 33139 US

# FEI Number: 59-1577792

# Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

VODA, TIM 1234 WASHINGTON AVE SUITE 300 MIAMI BEACH, FL 33139 US

04/23/2018 Date

Certificate of Status Desired: No

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.

PRESIDENT

04/23/2018 Date