631 EUCLID AV MIAMI BEACH,	-			
Current Mai	ling Address:			
PO BOX 191	CAN PROPERTY MANAGEMENT OF MB 042 CH, FL 33119 US			
FEI Number: 41-2071951			Certificate of Status Desired: No	
Name and A	ddress of Current Registered Agent:			
AMERICAN PR 1370 WASHING 203	OPERTY MANAGEMENT OF MIAMI BEACH STON AVENUE			
MIAMI BEACH,	FL 33139 US			
The above named	l entity submits this statement for the purpose of changing its regis	tered office or regis	tered agent, or both, in the State of Flor	ida
				, aa,
SIGNATURE	ANDREA VELAZQUEZ			05/01/2017
SIGNATURE	Electronic Signature of Registered Agent			
SIGNATURE	Electronic Signature of Registered Agent			05/01/2017
	Electronic Signature of Registered Agent	Title	LCAM	05/01/2017
Officer/Dire	Electronic Signature of Registered Agent	Title Name	LCAM C MANGOLD, KRISTINA	05/01/2017
Officer/Dire	Electronic Signature of Registered Agent ctor Detail : P, TREASURER		-	05/01/2017 Date
Officer/Dire Title Name	Electronic Signature of Registered Agent ctor Detail : P, TREASURER BAHADORAN, SINA	Name	C MANGOLD, KRISTINA 1370 WASHINGTON AVENUE	05/01/2017 Date
Officer/Dire Title Name Address	Electronic Signature of Registered Agent Ctor Detail : P, TREASURER BAHADORAN, SINA 1025 MICHIGAN AVENUE, #5	Name Address	C MANGOLD, KRISTINA 1370 WASHINGTON AVENUE	05/01/2017 Date
Officer/Direc Title Name Address City-State-Zip:	Electronic Signature of Registered Agent Ctor Detail : P, TREASURER BAHADORAN, SINA 1025 MICHIGAN AVENUE, #5 MIAMI BEACH FL 33139	Name Address	C MANGOLD, KRISTINA 1370 WASHINGTON AVENUE	05/01/2017 Date

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: 631 EUCLID AVENUE CONDOMINIUM ASSOCIATION, INC.

DOCUMENT# N0200006708

203 City-State-Zip: MIAMI BEACH FL 33139

Current Principal Place of Business:

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.

LCAM

SIGNATURE: ANDREA VELAZQUEZ

Electronic Signature of Signing Officer/Director Detail

05/01/2017

FILED May 01, 2017

Secretary of State

CC1034601010