


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90002 029 ****61.25

DOCUMENT # 711472			
1. Entity Name EUCLID BEACH CONDOMINIUM, INC.			
Principal Place of Business 1334 EUCLID AVENUE MIAMI BEACH, FL 33139		Mailing Address 1334 EUCLID AVENUE MIAMI BEACH, FL 33139	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 90-0177995		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MURELL, NICHOL C 1334 EUCLID AVE 9 MIAMI BEACH, FL 33139		Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>			
Filing Fee is \$81.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FIGUERO, MARIA POCURULL <input checked="" type="checkbox"/> Delete 1334 EUCLID AVE MIAMI BEACH, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARIA E. POCURULL <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1334 Euclid Ave. MIAMI Beach, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VURELL, NICHOL C <input checked="" type="checkbox"/> Delete 1334 DEUCLID AVE MIAMI BEACH, FL 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MURELL, Nichol C <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1334 Euclid Ave. MIAMI Beach, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MENDA, LAZARO Y <input checked="" type="checkbox"/> Delete 1334 EUCLID AVENUE MIAMI BEACH FLA, 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENDA, LAZARO <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1334 Euclid Ave MIAMI Beach, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerments.			
SIGNATURE: <i>Nichol C Murell</i>		03-04-07 786-399-2222	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	