

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # 711654	
1. Entity Name EUCLID GATE CONDOMINIUM, INC.	

Principal Place of Business 552 EUCLID AVENUE MIAMI BEACH FL 33139	Mailing Address C/O CAM MANAGEMENT SERVICES, CORP. P.O. BOX 5103 MIAMI LAKES FL 33015
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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

1st MOORE CR2E037 (10/07)

4. FEI Number 59-2031390	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GONZALEZ, ANITA CAM MANAGEMENT SERVICES 6175 NW 167 ST UNIT G1 HIALEAH FL 33015

7. Name and Address of New Registered Agent	
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

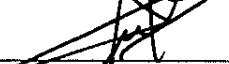
SIGNATURE  **2/01/08**
Signature of current or new registered agent (add if to add application) (NOTE: Registered Agent signature is not used when registering) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to: Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ESCORTIA, CAROLINA 552 EUCLID AVENUE, #3 MIAMI BEACH FL 33139 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MORALES, JESUS 552 EUCLID AVENUE #6 MIAMI BEACH FL 33139 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ESCORTIA, CAROLINA 552 EUCLID AVENUE #3 MIAMI BEACH FL 33139 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TORRES, GUILLERMO 7211 W. 24 AVE. #2212 HIALEAH FL 33016 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U00000846673 03/18/08-80035-021 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 another like empowered

SIGNATURE:  **Jesus Morales** **2/28/08** **(305) 826-9191**