

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 711654

**FILED**  
**Jan 14, 2010**  
**Secretary of State**

**Entity Name:** EUCLID GATE CONDOMINIUM, INC.

**Current Principal Place of Business:**

552 EUCLID AVENUE  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

C/O CAM MANAGEMENT SERVICES, CORP.  
P.O. BOX 5103  
MIAMI LAKES, FL 33015

**New Mailing Address:**

**FEI Number:** 59-2031390

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GONZALEZ, ANITA  
CAM MANAGEMENT SERVICES  
6175 NW 167 ST UNIT G1  
HIALEAH, FL 33015 US

**Name and Address of New Registered Agent:**

GONZALEZ, ANITA  
CAM MANAGEMENT SERVICES  
6065 NW 167 ST UNIT B-19  
HIALEAH, FL 33015 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: ANITA GONZALEZ

01/14/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: SD  
Name: TORRES, GUILLERMO  
Address: 7853 W 16 AVE  
City-St-Zip: HIALEAH, FL 33016

Title: PD  
Name: PORCELLI, CHRISTOPHER  
Address: 184 WEST BAY CEDAR CIRCLE  
City-St-Zip: JUPITER, FL 33458

Title: TD  
Name: ESCORCIA, CAROLINA  
Address: 552 EUCLID AVENUE #3  
City-St-Zip: MIAMI BEACH, FL 33139

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: CAROLINA ESCORCIA

TD

01/14/2010

Electronic Signature of Signing Officer or Director

Date