


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Jul 22 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 715311 (7) 1. Corporation Name 1401 EUCLID CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 1401 EUCLID AVENUE MIAMI BEACH FL 33139		Mailing Address 1401 EUCLID AVENUE MIAMI BEACH FL 33139	
2. Principal Place of Business 21 1401 EUCLID AVE Suite, Apt. #, etc. 22 City & State 23 M.B. FL Zip 24 33139 Country 25		2a. Mailing Address 26 SAME Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	
3. Date Incorporated or Qualified 09/27/1968		4. FEI Number 59-1712166 Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent BERNARD SAUL 1401 EUCLID AVE. STE 204 MIAMI BEACH FL 33139		10. Name and Address of New Registered Agent 81 Name MICHAEL PHILIPSON 82 Street Address (P.O. Box Number is Not Acceptable) 1401 EUCLID AVE #201 83 84 City MIAMI BEACH FL 85 Zip Code 33139	
11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes. SIGNATURE <i>[Signature]</i> DATE July 2 98 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE SD <input type="checkbox"/> DELETE NAME BALLINA, RULY STREET ADDRESS 1401 EUCLID AVE., #501 CITY-ST-ZIP MIAMI BEACH FL		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE VPD <input checked="" type="checkbox"/> DELETE NAME JOSEPH PALICZ STREET ADDRESS 1401 EUCLID AVE 303 CITY-ST-ZIP MIAMI BCH FL		2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME MICHAEL PHILIPSON 2.3 STREET ADDRESS 1401 EUCLID AVE #201 2.4 CITY-ST-ZIP ST MIAMI BEACH, FL 33139	
TITLE ST <input checked="" type="checkbox"/> DELETE NAME BERNARD SAUL STREET ADDRESS 1401 EUCLID AVE 204 CITY-ST-ZIP MIAMI BCH FL		3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME CARLA TRENTACOSTA 3.3 STREET ADDRESS 1401 EUCLID AVE #301 3.4 CITY-ST-ZIP MIAMI BEACH, FL 33139	
TITLE PD <input type="checkbox"/> DELETE NAME GIOVANNA BADAGLIACCA STREET ADDRESS 1401 EUCLID AVE 203 CITY-ST-ZIP MIAMI BCH FL		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address. SIGNATURE: <i>[Signature]</i> 7-12-98 305-6736831 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2E037 (5/98)