


FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 715311					
1. Corporation Name 1401 EUCLID CONDOMINIUMS ASSOCIATION, INC.					
Principal Place of Business 1401 EUCLID AVE. MIAMI BEACH, FLORIDA 33139			Mailing Address 306 ALCAZAR AVE. CORAL GABLES, FLORIDA 33134		

FILED

99 JUN 11 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business 21 1401 EUCLID AVE. Suite, Apt. #, etc.		2a. Mailing Address 26 306 ALCAZAR AVE. Suite, Apt. #, etc.		3. Date Incorporated or Qualified	
22 City & State 23 MIAMI BEACH, FLORIDA 33139		27 SUITE 303 City & State 28 CORAL GABLES, FLORIDA		4. FEI Number 59-1712166	
24 33139 25 USA		29 33134 30 USA		5. Certificate of Status Desired <input type="checkbox"/> Additional Fee Required	
9. Name and Address of Current Registered Agent MICHAEL PHILIPSON 1401 EUCLID AVE. #201 MIAMI BEACH, FLORIDA 33139				10. Name and Address of New Registered Agent	
(same)				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				FL 85 Zip Code	

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE NAME D STREET ADDRESS CITY-ST-ZIP VICE PRESIDENT MICHAEL PHILIPSON 1401 EUCLID AVE. #201 MIAMI BEACH, FLORIDA 33139				1.1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 700002904677--1 -06/15/99--01031--024			
1.2 TITLE NAME D STREET ADDRESS CITY-ST-ZIP SECRETARY TREAS. CRAIG TRENTACOSTA 1401 EUCLID AVE. #301 MIAMI BEACH, FLORIDA 33139				2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			
1.3 TITLE NAME D STREET ADDRESS CITY-ST-ZIP PRESIDENT GIOVANNA BADAGLIACCA 1401 EUCLID AVE. #203 MIAMI BEACH, FLORIDA 33139				3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP			
1.4 TITLE NAME STREET ADDRESS CITY-ST-ZIP				4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
1.5 TITLE NAME STREET ADDRESS CITY-ST-ZIP				5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
1.6 TITLE NAME STREET ADDRESS CITY-ST-ZIP				6.1 TITLE 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-443 0047 RT.21