


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90054 008 ****61.25

DOCUMENT # 715311 1. Entity Name 1401 EUCLID CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1401 EUCLID AVENUE MIAMI BEACH, FL 33139			Mailing Address 3550 BISCAYNE BLVD, STE 401 MIAMI, FL 33137		
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 59-1712166	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
COMPLETE PROPERTY MANAGEMENT 3550 BISCAYNE BLVD, STE 401 MIAMI, FL 33137				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 reinstating) DATE</small>					
Filing Fee is \$61.25 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	P	<input checked="" type="checkbox"/> Delete	TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALTERS, BRIGIT		NAME	MONEYHAM JACK	
STREET ADDRESS	1401 EUCLID AVENUE, #403		STREET ADDRESS	1401 EUCLID AV #502	
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALVAREZ, HUMBERTO		NAME	BALLINA RAUL	
STREET ADDRESS	1401 EUCLID AVENUE, #402		STREET ADDRESS	1401 EUCLID AV #501	
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHIMKO, DAVID		NAME	PIVA ANNA	
STREET ADDRESS	1401 EUCLID AVENUE, #304		STREET ADDRESS	1401 EUCLID AV #404	
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE		<input type="checkbox"/> Delete	TITLE	T/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	BADAGLIACCA GIOVANNA	
STREET ADDRESS			STREET ADDRESS	1401 EUCLID AV #203	
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 empowered.					
SIGNATURE: BRIGIT WALTERS <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			BRIGIT WALTERS PRESIDENT <small>Date</small>		
			3-9-07 <small>Daytime Phone #</small>		
			786-325-5890		

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