

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726706

FILED
Mar 05, 2009
Secretary of State

Entity Name: 536 EUCLID CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

536 EUCLID AVE.
MIAMI BEACH, FL 331398616

New Principal Place of Business:

Current Mailing Address:

C/O CAM MANAGEMENT SERV
PO BOX 5103
HIALEAH, FL 33014

New Mailing Address:

FEI Number: 59-2505592

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
MIAMI LAKES, FL 33015 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HART, GLADYS
Address: 536 EUCLID AVE #1
City-St-Zip: MIAMI BEACH, FL 33139

Title: PD () Delete
Name: CRUZ, ENRIQUE,
Address: 536 EUCLID AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

Title: STD () Delete
Name: ALBORNOZ, CARMEN
Address: 536 EUCLID AVE., APT. 3
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ENRIQUE CRUZ

PD

03/05/2009

Electronic Signature of Signing Officer or Director

Date