

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726706

FILED  
Apr 19, 2011  
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:**

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

**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  
6065 NW 167 ST. UNIT B-19  
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  
Name: HART, GLADYS  
Address: 536 EUCLID AVE #1  
City-St-Zip: MIAMI BEACH, FL 33139

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

Title: STD  
Name: ALBORNOZ, CARMEN  
Address: 536 EUCLID AVE., APT. 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: ENRIQUE CRUZ

PD

04/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date