## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#744090** 

**FILED** Mar 01, 2009 Secretary of State

Entity Name: EUCLID PLAZA ASSOCIATION, INC., A CONDOMINIUM

**Current Principal Place of Business: New Principal Place of Business:** 

618 EUCLID AVE.

MIAMI BEACH, FL 331398628

**Current Mailing Address: New Mailing Address:** 

618 EUCLID AVE.

MIAMI BEACH, FL 331398628

FEI Number: 59-1991594 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CORO-SANTOYO, LESLIE 618 EUCLID AVE. #201 MIAMI BEACH, FL 33139 US

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:

Name:

Title:

Address:

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition

() Delete CORO-SANTOYO, LESLIE Name: 518 EUCLID AVE #201 Address: City-St-Zip: MIAMI BEACH, FL 33139

MIAMI BEACH, FL 33139

Title: VPD () Delete

Name: RIOS, ANA

City-St-Zip:

Address: 618 EUCLID AVE #401 City-St-Zip: MIAMI BEACH, FL 33139

Title: STD () Delete CRAWFORD, GUDELIA Name: 618 EUCLID AVE #203 Address:

618 EUCLID AVE #201 City-St-Zip: MIAMI BEACH, FL 33139

CORO-SANTOYO, LESLIE

(X) Change ( ) Addition CRAWFORD, GUDELIA Name: Address: 618 EUCLID AVE #302 City-St-Zip: MIAMI BEACH, FL 33139

Title: (X) Change ( ) Addition

RICHARDSON, RACHAEL Name: Address: 618 EUCLID AVE #404 City-St-Zip: MIAMI BEACH, FL 33139

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: LESLIE CORO-SANTOYO PD 03/01/2009