2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2009
Secretary of State

DOCUMENT# 750781

Entity Name: 821 EUCLID CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

821 EUCLID AVENUE
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

821 EUCLID AVENUE
ASSOCIATION MAILBOX
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 59-2053166 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEUMANN, ALF
821 EUCLID AVENUE,
303
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

BUTLER, MARK
1602 ALTON ROAD
SUITE 425
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: MARK BUTLER 02/21/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete
Name: NEUMANN, ALF
Address: 821 EUCLID AVENUE, #303
City-St-Zip: MIAMI BEACH, FL 33139

Title: DS ( ) Delete
Name: CAMPOLO, SAMANTHA
Address: 821 EUCLID AVENUE, #403
City-St-Zip: MIAMI BEACH, FL 33139

Title: DV ( ) Delete
Name: BUTLER, MARK ANTHONY
Address: 821 EUCLID AVENUE, #101
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition
Name: BUTLER, MARK
Address: 1602 ALTON ROAD #425
City-St-Zip: MIAMI BEACH, FL 33139

Title: DS (X) Change ( ) Addition
Name: O SULLIVAN, THOMAS
Address: 821 EUCLID AVENUE, # 301
City-St-Zip: MIAMI BEACH, FL 33139

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: MARK BUTLER DPT 02/21/2009
Electronic Signature of Signing Officer or Director Date