

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000000252

1. Entity Name
EUREKA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
10451 SW 184 TERRACE
MIAMI, FL 33157

Mailing Address
10451 SW 184 TERRACE
MIAMI, FL 33157



01112007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1724971

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

RANKIN, THOMAS
10451 SW 184 TERRACE
MIAMI, FL 33157

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME RANKIN, THOMAS
STREET ADDRESS 10451 SW 184 TERRACE
CITY-ST-ZIP MIAMI, FL 33157

TITLE VP
NAME MAHAN, DENNIS
STREET ADDRESS 10471 SW 184 TERRACE
CITY-ST-ZIP MIAMI, FL 33157

TITLE SEC
NAME KLINE, PAUL
STREET ADDRESS 10485 SW 184 TERRACE
CITY-ST-ZIP MIAMI, FL 33157

TITLE TRES
NAME KLINE, PAUL
STREET ADDRESS 10485 SW 184 TERRACE
CITY-ST-ZIP MIAMI, FL 33157

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000591297
01/19/07-80017-006 61.25

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #