2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006
Secretary of State

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Entity Name: EUCLID CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

820 EUCLID AVENUE
UNIT #101
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

C/O BLUE SKY MIAMI
820 EUCLID AVE STE 104
MIAMI BEACH, FL 33139

New Mailing Address:

C/O BLUE SKY MIAMI
1680 MICHIGAN AVE
MIAMI BEACH, FL 33139

FEI Number: 20-1536407 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOMEZ, MICHAEL
1930 TYLER ST
HOLLYWOOD, FL 33120 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: SHEINER, ROBERT MAXWELL
Address: 820 EUCLID AVENUE UNIT 104
City-St-Zip: MIAMI BEACH, FL 33139

Title: D ( ) Delete
Name: FELDMAN, LARRY
Address: 820 EUCLID AVENUE UNIT 104
City-St-Zip: MIAMI BEACH, FL 33139

Title: D ( ) Delete
Name: DEL REAL, FEDERICO
Address: 820 EUCLID AVE STE 104
City-St-Zip: MIAMI BEACH, FL 33139

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: SHEINER, R MAXWELL
Address: 1680 MICHIGAN AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

Title: D (X) Change ( ) Addition
Name: WOODWARD, JOHN
Address: 820 EUCLID AVENUE UNIT 306
City-St-Zip: MIAMI BEACH, FL 33139

Title: D (X) Change ( ) Addition
Name: ALICIA, DAVISON
Address: 820 EUCLID AVE STE 201
City-St-Zip: MIAMI BEACH, FL 33139

Title: D ( ) Change (X) Addition
Name: DEL REAL, FEDERICO
Address: 300 MERIDIAN AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the 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: R MAXWELL SHIENER / FI D 01/31/2006

Electronic Signature of Signing Officer or Director Date