

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007932

FILED  
Jan 17, 2007  
Secretary of State

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  
1680 MICHIGAN AVE  
MIAMI BEACH, FL 33139

**New Mailing Address:**

C/O BLUE SKY MIAMI  
1680 MICHIGAN AVE # 908  
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, R MAXWELL  
Address: 1680 MICHIGAN AVENUE  
City-St-Zip: MIAMI BEACH, FL 33139

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: SHEINER, R MAXWELL  
Address: 1680 MICHIGAN AVENUE # 908  
City-St-Zip: MIAMI BEACH, FL 33139

Title: D (X) Change ( ) Addition  
Name: DIRBERTI, MARCELLA  
Address: 820 EUCLID AVENUE UNIT 205  
City-St-Zip: MIAMI BEACH, FL 33139

Title: D (X) Change ( ) Addition  
Name: BEASON, THOMAS PATRICK  
Address: 820 EUCLID AVE STE 307  
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 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: MAXWELL SHEINER/YDC

D

01/17/2007

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

\_\_\_\_\_  
Date