

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003990

FILED  
Feb 25, 2009  
Secretary of State

**Entity Name:** 1032-1036 EUCLID AVENUE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1032-1036 EUCLID AVE  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

1032-1036 EUCLID AVE  
MIAMI BEACH, FL 33139

**New Mailing Address:**

**FEI Number:** 42-1667373

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MARELLI, ALESSIA  
1560 LENOX AVENUE  
SUITE 102  
MIAMI BEACH, FL 33139 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: P ( ) Delete  
Name: PINZONI, MONICA  
Address: 1036 EUCLID AVE  
City-St-Zip: MIAMI BEACH, FL 33139

Title: T ( ) Delete  
Name: LANZALONE, LUCA  
Address: PALAZZO SALUZZO DEI GIUSTINIANI 7D  
City-St-Zip: GENOVA, IT 16123

Title: S,VP ( ) Delete  
Name: AWONG, BERNARD M  
Address: 248 CARLTON AVENUE  
City-St-Zip: BROOKLYN, NY 11205

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MONICA PINZONI

P

02/25/2009

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

\_\_\_\_\_  
Date