2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 16, 2007 8:00 am Secretary of State DOCUMENT # N9400002097 1. Entity Name 03-16-2007 90028 028 \*\*\*\*61.25 EUCLID MANOR CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 1540 EUCLID AVE. 1540 EUCLID AVE. MIAMI BEACH FL 33139 **STE 108** MIAMI BEACH FL 33139 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E037 (10/06) City & State City & State 4 EEI Number Applied For 65-0494721 Not Applicable Ζip Country 7in Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RISSIOTIS, JULIE Street Address (P.O. Box Number is Not Acceptable) 1540 EUCLID AVE #201 MIAMI BEACH FL 33139 City 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 E: Registered Agent signa FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2007 Trust Fund Contribution. П Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE PD ☐ Delete TITLE □ Change ☐ Addition RISSIOTIS, JULIE NAME STREET ADDRESS STREET ADDRESS 1540 EUCLID AVE # 201 CITY - ST - ZIP CITY-ST-ZIP MIAMI BCH FL 33139 THE TO **Sal** Change ☐ Addition 1540 EVELL AVE #205 NAME BACTI, LENORA STRLET ADDRESS 7600 SW 69 AVE STREET ADDRESS MIAMIBEALH FL 33139 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33143** TITLE Delete TITLE SEGKL, 压DD1 ☐ Addition NAME SEGAN TEDDI NAME 1220 EV CLID AVE STREET ADDRESS STREET ADDRESS 1220 EUCLD AVE #5 MIAMIBEACH FL 33139 CHY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33139 Vice PRESIDENT TITLE TITLE VD ☐ Addition NAME NAME AL PODRIGUEZ WEERSING, CARL 1540 BUCHO AVE. #103 STREET ADDRESS STREET ADORESS 1540 EUCLID AVE # 205 CITY-ST-ZIP CITY-ST-ZIP MIAHI BOACH, FL 35139 MIAMI BEACH FL 33139 THE ☐ Delete THILE ☐ Change ☐ Addition NAM NAME STREET ADDRESS 141 Awashington STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THEF TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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.

**FILED**