FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

96000002029 **DOCUMENT #** 1. Corporation Name

EUCLID EAST CONDOMINIUMS ASSOCIATION, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

City & State

33139

Zip

1545 EUCLID AVE.

MICHAEL BORTNICK

MIAMI BEACH, FLORIDA

1545 EUCLID AVE. #6K

Country

9. Name and Address of Current Registered Agent

25 USA

1545 EUCLID AVE. MIAMI BEACH, FLORIDA 33139 Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

SUITE 303

SIGNATURE REQUIREDX

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

City & State

29 33134

26

27

306 ALCAZAR AVE. #303

CORAL GABLES, FLORIDA

Country

USA

82

Name

306 ALCAZAR AVE.

CORAL GABLES, FLORIDA 331343

May 13, 1999 8:00 am Secretary of State

05-13-1999 90042 005 ****61.25

|--|

Applied For

Not Applicable

Additional

May Be

Fee Required

Added to Fees

3. Date Incorporated or Qualifed

4. FEI Number

59-1212469

5. Certificate of Status Desired

Trust Fund Contribution

Street Address (P.O. Box Number is Not Acceptable)

6. Election Campaign Financing

10. Name and Address of New Registered Agent

MIAMI	BEACH, FLORIDA 33139		83			}.	
			84	City	₽∎ 85 Zip C	ode	
		<u> </u>		<u> </u>	FL FL FL FL FL FL FL FL		
Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
TITLE	DIRECTOR	DELETE	1.1 TITLE		☐ Change	Addition	
NAME	MICHAEL PITTMAN		1.2 NAME				
STREET ADDRESS	1545 EUCLID AVE. #6L			ADDRESS			
CITY-ST-ZIP	MIAMI BEACH, FLORIDA 33139		1.4 CITY-ST				
TITLE	PRESIDENT	DELETE	2.1 TITLE	-	Change	Addition	
NAME	MARCELO PENEGO		2.2 NAME				
STREET ADDRESS	1545 EUCLID AVE. #3K		2.3 STREET	ADDRESS			
CITY-51-20P	MIAMI BEACH, FLORIDA 33139		2.4 CITY-S	IT-ZIP			
TITLE	VICE PRESIDENT	☐ DELETE	3.1 TITLE		☐ Change	☐ Addition	
NAME	DAVID HANSHAW		3.2 NAME				
STREET ADDRESS	1545 EUCLID AVE. #6F		3.3 STREET	ADDRESS			
CITY-ST-ZIP	MIAMI BEACH, FLORIDA 33139		3.4. CITY-S	17-ZIP			
TITLE	TREASURER	☐ DELETE	4.1 TITLE		☐ Change	Addition	
NAME	MICHAEL BORTNICK		4. 2 NAME			:	
STREET ADDRESS	1545 EUCLID AVE. #6K		4.3 STREET	T ADDRESS			
CITY-ST-ZIP	MIAMI BEACH, FLORIDA 33139		4.4 CITY-S	T-23P		 _	
TITLE	DIRECTOR	DELETE	5.1 TITLE		☐ Change	☐ Addition	
NAME	CLAUDIO GONZALEZ		5.2 NAME				
STREET ADDRESS	1545 EUCLID AVE. #2F		5.3 STREET	ADDRESS			
CITY-ST-ZIP	MIAMI BEACH, FLORIDA 33139		5.4 CITY-S	T-ZIP		The same of	
TITLE	TREASURER	☐ DELETE	6.1 TITLE		Change	Addition	
NAME	PAULO MACCORMICK		6.2 NAME				
STREET ADDRESS	1545 EUCLID AVE. #5G			TADORESS			
CITY-ST-ZIP	MIAMI BEACH, FLORIDA 33139	l	6.4 CITY-S		in the same in	formation	
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.							