

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2008
Secretary of State

DOCUMENT# N96000002029

Entity Name: EUCLID EAST CONDOMINIUM, INC.

Current Principal Place of Business:

1545 EUCLID AVENUE
MIAMI BEACH, FL 33139 US

New Principal Place of Business:

Current Mailing Address:

C/O BEACHWAY PROPERTY MANAGEMENT
PO BOX 398718
MIAMI BEACH, FL 33239 US

New Mailing Address:

FEI Number: 59-1212469 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PENENGO, MARCELO
1545 EUCLID AVE APT 3K
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: S () Delete
Name: ELIAS, WILLIAM
Address: 1545 EUCLID AVE. #4E,
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: P () Delete
Name: PENENGO, MARCELO
Address: 1545 EUCLID AVENUE #3-K
City-St-Zip: MIAMI BEACH, FL 33139

Title: DT () Delete
Name: BROUNSTEIN, LON
Address: 1545 EUCLID AVE #4-K
City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Delete
Name: GOWRAN, ARTHUR
Address: 1545 EVELID AVE.
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: D () Delete
Name: TRUDEAU, PAUL
Address: 1545 EUCLID AVE 5E
City-St-Zip: MIAMI BEACH, FL 33139

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:

Title: D (X) Change () Addition
Name: GOWRAN, ARTHUR
Address: 1545 EUCLID AVE. #5F
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: D (X) Change () Addition
Name: TRUDEAU, PAUL
Address: 1545 EUCLID AVE 5E
City-St-Zip: MIAMI BEACH, FL 33139

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: WILLIAM ELIAS

S

01/06/2008

Electronic Signature of Signing Officer or Director

_____ Date