

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 715596

**Entity Name:** 644 EUCLID CONDOMINIUM, INC.

**Current Principal Place of Business:**

644 EUCLID AVE  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

C/O MQM  
PO BOX 191042  
MIAMI BEACH, FL 33119 US

**FEI Number:** 59-1726973

**Certificate of Status Desired:** No

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

MIAMI QUALITY MANAGEMENT  
1370 WASHINGTON AVE.  
SUITE 207  
MIAMI BEACH, FL 33139 US

*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:** A VELAZQUEZ

04/28/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY, DIRECTOR

Name PORTOCARRERO-OLESEN, PATRICIA

Address 644 EUCLID AVE #2

City-State-Zip: MIAMI BEACH FL 33139

Title TREASURER, DIRECTOR

Name VLODKOWSKY, PAULA

Address 644 EUCLID AVE APT 6

City-State-Zip: MIAMI BEACH FL 33139

Title PRESIDENT, DIRECTOR

Name COLGAN, WESLEY III

Address 644 EUCLID AVE #7

City-State-Zip: MIAMI BEACH FL 33139

Title LCAM

Name VELAZQUEZ, ANDREA

Address 1370 WASHINGTON AVE. #207

City-State-Zip: MIAMI BEACH FL 33139

*I hereby 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 all other like empowered.*

**SIGNATURE:** ANDREA VELAZQUEZ

LCAM

04/28/2024

Electronic Signature of Signing Officer/Director Detail

Date