

**2013 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 AMERICAN PROPERTY MANAGEMENT SPC.  
PO BOX 191042  
MIAMI BEACH, FL 33119

**FEI Number:** 59-1726973

**Certificate of Status Desired:** No

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

AMERICAN PROPERTY MANAGEMENT SPECIALISTS  
1370 WASHINGTON AVE.  
SUITE 203  
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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY, DIRECTOR  
Name PORTOCARRERO, PATRICIA  
Address 644 EUCLID AVE #2  
City-State-Zip: MIAMI BEACH FL 33139

Title PRESIDENT, DIRECTOR  
Name ALDRICH, VIOLA  
Address 644 EUCLID AVE #4  
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 LCAM  
Name C MANGOLD, KRISTINA  
Address PO BOX 191042  
City-State-Zip: MIAMI BEACH FL 33119

*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:** KRISTINA C MANGOLD

LCAM

05/01/2013

Electronic Signature of Signing Officer/Director Detail

Date