

2014 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 COLGAN, WESLEY III
Address 644 EUCLID AVE #7
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

Title DIRECTOR, VP
Name SCHONNING, SCOTT
Address 644 EUCLID AVE. #9
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: KRISTINA C MANGOLD

LCAM

05/01/2014

Electronic Signature of Signing Officer/Director Detail

Date