

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740903

Entity Name: 701 EUCLID GARDENS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

701 EUCLID AVE.
MIAMI BEACH, FL 33139

Current Mailing Address:

P O BOX 402336
MIAMI BEACH, FL 33140 US

FEI Number: 59-2046674

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BENNETT, JOAN
765 41ST STREET
MIAMI BEACH, FL 33140 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 PRESIDENT, SECRETARY,
TREASURER, DIRECTOR
Name CORTES, JUAN
Address 701 EUCLID AVE
City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR
Name APTEKMAN, IGOR
Address 701 EUCLID AVE.
City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR
Name AVINO, NOEMI
Address 701 EUCLID AVE
City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR
Name MADER, CHRISTOPHER
Address 701 EUCLID AVE
City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR
Name ALIBERTI, EMILIO
Address 701 EUCLID AVE
City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR
Name TREVISIAN, SIMONE
Address 701 EUCLID AVE
City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR
Name CABRAL, FRANCISCO
Address 701 EUCLID AVE
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: JUAN CORTES

PTSD

01/10/2014

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date