

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -1 PM 12:18

DOCUMENT # N12152 (7)

1. Corporation Name
ELAN AT CALUSA CONDOMINIUM II ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
12922 SOUTHWEST 88TH LANE 12922 SOUTHWEST 88TH LANE
MIAMI FL 33186 MIAMI FL 33186

3. Date Incorporated or Qualified 11/18/1985 3a. Date of Last Report 03/01/1994
4. FEI Number 59-2774609 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 Zip 25 Country 29 Zip 30 Country

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
BLANK, SANDRA
12922 SOUTHWEST 88TH LANE
MIAMI FL 33186

10. Name and Address of New Registered Agent
01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESTRADA, MIRTA	1.2 NAME	PRESIDENT/DIRECTOR
STREET ADDRESS	12952 S.W. 88TH LANE	1.3 STREET ADDRESS	BOUVIER, MURIEL
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	12985 S.W. 88 LANE
TITLE	DVT	2.1 TITLE	MIAMI, FL 33186 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOUVIER, MURIEL	2.2 NAME	TREASURER/DIRECTOR
STREET ADDRESS	12985 S.W. 88TH LANE	2.3 STREET ADDRESS	ESTRADA, BLANCA
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	12948 S.W. 88 LANE
TITLE	DS	3.1 TITLE	MIAMI, FL 33186 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSCH, CINDY	3.2 NAME	
STREET ADDRESS	12952 SW 88 LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	SECRETARY/DIRECTOR
STREET ADDRESS		4.3 STREET ADDRESS	ESTRADA, EVELYN
CITY-ST-ZIP		4.4 CITY-ST-ZIP	12948 S.W. 88 LANE
TITLE		5.1 TITLE	MIAMI, FL 33186 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Muriel Bouvier 1/25/95/387-0480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR