FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

N12152

(7)

ELAN AT CALUSA CONDOMINIUM II ASSOCIATION, INC.

LENN A	TOALOGA GONDOM	HIGH II AGGGGIATION, M	0.						
Principal Place	of Business	Mailing Address	Mailing Address				BI DIL 01011 01011 01011	01811 01815 1881	
12922 SOUTHWEST 88TH LANE MIAMI FL 33186		12922 SOUTHWEST 88 MIAMI FL 33186	12922 SOUTHWEST 88TH LANE MIAMI FL 33186						
					3. Date Incorporated 11/18/198		3a. Date of Last I 02/01/19		
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address					Applied For	
8		26			59-277460	9	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	 		5. Certificate of Statu	s Desired		Additional Required	
Crty & State		City & State	├ ─¬ '		6. Election Campaign Trust Fund Contrib	ν.	\$5.00 May Be Added to Fees		
<i>Z</i> ip 24	Country 25	Z _I p 29	Count	ry	This corporation has Florida Statutes				
<u> </u>	9. Name and Address of	Current Registered Agent			10. Name and Addre	ss of New Regis	tered Agent	-	
			8	1 Name					
	SANDRA		82 Street Addr		Address (P.O. Box Number is I	Vot Acceptable)			
12922 S Miami Fi	OUTHWEST 88TH LANE L 33186		Ē	13					
			[14 City			FL 85 Zip	p Code	
or registere familiar wit	ed agent, or both, in the State h, and accept the obligations o	7.0502 and 617.1508, Florida Statut of Florida. Such change was authoriz f, Section 617.0503, Florida Statutes	ed by the co	rporation's	board of directors. I hereby ac	cept the appointm	nent as registered	egistered office agent. I am	
	Signature, typed or printed name of registered agent and title if applicable (NOTE Rigistere OFFICERS AND DIRECTORS 13			gent signature r	recurred when reinstatings ADDITIONS/CHAN		DATE AND DIRECTO)EIS IN 12	
12.		DELETE	1.1 Till.	F	7.25110113 0.71	- Control of the cont	☐ Change	Addition	
NAME	pd Bouvier, Muriel		1.2 NAV				<u> </u>	_	
STREET ADDRESS	12985 SW 88 LANE		1.3 STF						
CITY-ST-ZIP	MIAMI FL			r-ST-ZiP					
TITLE	TD	DELETE 2.1.11					Change	☐ Addition	
NAME	ESTRADA, BLANCA	A 22h		4E					
STREET ADDRESS				EET ADDRESS					
CITY - ST - ZIP	MIAMI FL			Y-ST-ZIP					
TITLE	DS	∑ DELETE 317		E			Change	X Addition	
NAME	estrada, evelyn	STRADA, EVELYN		ΛE	BARROWS, HAN				
STREET ADDRESS	12948 SW 88 LANE		3 3 S1 H	EFT ADDRESS	12952 S.W. 8				
C:TY-ST-ZIP	MIAMI FL			Y - S1 - ZIP	MIAMI, FL 33	186		[T] Addition	
TITLE		□ DELETE	4 1 1111				☐ Change	Addition	
NAME			4 2 NA						
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NAME			5 2 NAI						
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TITLE			6 2 NA						
NAME STREET ADDRESS				REET ADDRESS					
CITY-ST-ZIP				Y-ST-ZIP					
14. I do heret	control that the information su	ipplied with this filing is voluntarily furi	nished and c	loes not qu	lalify for the exemption stated in	1 Section 119.07(3	3)(k). Florida Statu	tes, I further	

-ST-ZIP

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 113 or Days.

I do hereby 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 cath; 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

| Chapter | Cha

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR