

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

98 SEP 30 AM 0:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 012152
1. Corporation Name
ELAN AT CALUSA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
12922 SW 88 LN MIAMI, FL 33186
12922 SW 88 LN MIAMI, FL 33186

3. Date Incorporated or Qualified 11/18/85
4. FEI Number 59-2774609 Applied For Not Applicable
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. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address
21 LAKEVIEW MANAGEMENT 26 LAKEVIEW MANAGEMENT
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 13388 SW 128 ST 27 13388 SW 128 ST
City & State City & State
23 MIAMI, FL 28 MIAMI, FL
Zip Country Zip Country
24 33186 25 USA 29 33186 30 USA

9. Name and Address of Current Registered Agent
BLANK, SANDRA
12922 SW 88 LN
MIAMI, FL 33186

10. Name and Address of New Registered Agent
81 Name GLEN COLVIN
82 Street Address (P.O. Box Number is Not Acceptable) 13388 SW 128 ST
83 000002653950-0
-10/05/98-01131-016
84 City MIAMI FL 33186

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------|--|
| TITLE | PO | <input checked="" type="checkbox"/> DELETE |
| NAME | BOUVIER, MURIEL | |
| STREET ADDRESS | 12985 SW 88 LN | |
| CITY-ST-ZIP | MIAMI, FL 33186 | |
| TITLE | TO | <input checked="" type="checkbox"/> DELETE |
| NAME | ESTRADA BLANK | |
| STREET ADDRESS | 12948 SW 88 LN | |
| CITY-ST-ZIP | MIAMI, FL 33186 | |
| TITLE | DS | <input checked="" type="checkbox"/> DELETE |
| NAME | ESTRADA, EVELYN | |
| STREET ADDRESS | 12948 SW 88 LN | |
| CITY-ST-ZIP | MIAMI, FL 33186 | |
| TITLE | DS | <input checked="" type="checkbox"/> DELETE |
| NAME | BACROWS, HANNAH | |
| STREET ADDRESS | 12952 SW 88 LN | |
| CITY-ST-ZIP | MIAMI, FL 33186 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-----------------|--|
| 1.1 TITLE | PO | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | MARIA VILLAR | |
| 1.3 STREET ADDRESS | 12970 SW 88 LN | |
| 1.4 CITY-ST-ZIP | MIAMI, FL 33186 | |
| 2.1 TITLE | TO | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | MILTON SMITH | |
| 2.3 STREET ADDRESS | 12960 SW 88 LN | |
| 2.4 CITY-ST-ZIP | MIAMI, FL 33186 | |
| 3.1 TITLE | SO | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | LILLIAN LOPEZ | |
| 3.3 STREET ADDRESS | 12964 SW 88 LN | |
| 3.4 CITY-ST-ZIP | MIAMI, FL 33186 | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

REINSTATEMENT 97-98

000002653950-0
-10/05/98-01131-017
****245.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 7/27/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)