- FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N12152

1. Corporation Name

ELAN AT CALUSA CONDOMINIUM II ASSOCIATION, INC.

Principal Place of Business
LAKEVIEW MANAGEMENT
13388 SW 128 ST
MIAMI FL 33186

Mailing Address

LAKEVIEW MANAGEMENT 13388 SW 128 ST

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90143 022 ****61.25

998614 · 90143 · 22

MIMMI FE 3310	0 0		MIAMI IE 00100						
2 Dia	Place of Business		2a. Mailing Address		,	Date Incorporated or Qualifed			
	riace of business		26			11/18/1985			
Suite, Apt.	. #. etc.		Suite, Apt. #, etc.			4. FEI Number	1	Applied For	
22	. ,, 0.0.		27			59-2774609	ŀ	Not Applicable	
City & Sta	te	- Vander-	City & State			5. Certificate of Status Desired	5. Certifcate of Status Desired		
Zip		Country	Zip	Col	untry	6. Election Campaign Financing ~-		May Be	
	25	Country	29	30	,	Trust Fund Contribution		d to Fees	
24		Address of Curre	ent Registered Agent	1901		10. Name and Address of New Registered	Agent		
	(141110 4110				81 Name				
COLVIN,	CI EN				92 Chrost	Address (B.O. Box Number is Not Accentable)			
					82 Street Address (P.O. Box Number is Not Acceptable)				
	13388 SW 128 SW MIAMI FL 33186								
MIPAMI FL	33100				24 00		DE 70	p Code	
					84 City	FL	_ 85 Zip	, code	
office or agent. I a	registered agent	or both, in the Stat	e of Florida. Such change w grons of, Section 617.0503	as authorize , Florida Stat	d by the corporates.	I corporation submits this statement for the purpose of coration's board of directors. I hereby accept the appo	intment as	registered	
SIGNATURE	Signature, typed or pri	nted name of registered a	gent and title if applicable. (required when reinstating) DATE	7 7 7 .	TODO IN 42	
12.		OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	Change		
TITLE	PD	_	☐ DELET	1		30 Timothy Shook		a Cal viginous	
NAME	VILLAR, MARI				IAME	19952 500 8816	re	_	
STREET ADDRESS					TREET ADDRESS	MIGMI E 331	%	_	
CITY-ST-ZIP	MIAMI FL 331	86	DELET		XTY-ST-ZIP	170007 100 1 1 300	Change	e Addition	
TITLE	TD		Dere,					- <u>-</u> .	
NAME	SMITH, MILTO		•		IAME				
STREET ADDRESS	1				TREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 331		DELET		CITY-ST-ZIP		Change	e Addition	
TITLE	LOPEZ, LILLIA		□ occ.		iame	·			
NAME STREET ADDRESS	1 40004 0141 00				TREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 331				CITY-ST-ZIP				
TITLE	IMIZUMI I E OO		☐ DELET		TTLE		Change	e Addition	
NAME				4. 2 1	NAME				
STREET ADDRESS	s			4.3 \$	TREET ADORESS		٠		
CITY-ST-ZIP				4.4 (CITY-ST-ZIP				
TITLE			☐ DELET	E 5.1 7	TILE		Chang	e Addition	
NAME					IAME		-	į	
STRÈET ADORESS	s			5.3 9	TREET ADDRESS	· ·			
CITY-ST-ZIP	<u> </u>				CITY-ST-ZIP				
TITLE			☐ DELET				☐ Chang	e Addition	
NAME					IAME		,		
STREET ADDRESS	s			6.3 5	STREET ADDRESS				
	1			FAT	:TY-ST-7IP				

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, with all other like empowered.

SIGNATURE: