
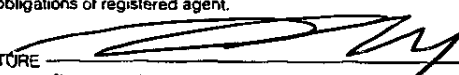
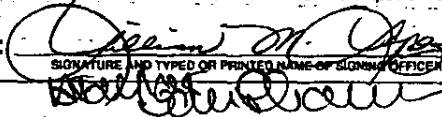


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 08, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90056 008 \*\*\*\*61.25

<b>DOCUMENT # N12152</b>			
1. Entity Name <b>ELAN AT-CALUSA CONDOMINIUM II ASSOCIATION, INC.</b>			
Principal Place of Business <b>MIAMI MANAGEMENT 14275 SW 142 AVE MIAMI FL 33186</b>		Mailing Address <b>MIAMI MANAGEMENT 14275 SW 142 AVE MIAMI FL 33186</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>FEIN, STEVEN 900 SOUTH STATE ROAD 7 PLANTATION FL 33317</b>		7. Name and Address of New Registered Agent Name <b>CARLOS A. TRIAY</b> Street Address (P.O. Box Number is Not Acceptable) <b>10570 NW 27 Street</b> <b>Miami Fl 33172</b> City <b>FL</b> Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE <b>3/4/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		<b>Make Check Payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '04</b>	
TITLE	<b>VD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TAYLOR, ANN MARIE</b>	NAME	
STREET ADDRESS	<b>12962 SW 88 LANE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33186</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARR, CATHIO</b>	NAME	
STREET ADDRESS	<b>14275 SW 142 AVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33186</b>	CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOPEZ, LILLIAN</b>	NAME	
STREET ADDRESS	<b>12964 SW 88 LN</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33186</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date _____ Daytime Phone # _____	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			