


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90029 040 ****61.25

DOCUMENT # N12152
 1. Entity Name
ELAN AT CALUSA CONDOMINIUM II ASSOCIATION, INC.



Principal Place of Business - **MIAMI MANAGEMENT
 14275 SW 142 AVE
 MIAMI, FL 33186**

Mailing Address - **MIAMI MANAGEMENT
 14275 SW 142 AVE
 MIAMI, FL 33186**

50007011



01062005 No Chg-NP CR2E037(10/03)

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4. FEI Number **59-2774609** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**TRIAY, CARLOS A
 10570 NW 27 ST.
 MIAMI, FL 33172**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2005**

9. Election Campaign Financing, Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	TAYLOR, ANN MARIE
STREET ADDRESS	12962 SW 88 LANE
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	D
NAME	CARR, CATHIO
STREET ADDRESS	14275 SW 142 AVE
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	PD
NAME	LOPEZ, LILLIAN
STREET ADDRESS	12964 SW 88 LN
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:  _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____