

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

03-31-2006 90015 045 ****61.25

DOCUMENT # N12152		PRO DATI	
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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2774609		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent TRIAI, CARLOS A 10670 NW 27 ST. MIAMI, FL 33172		7. Name and Address of New Registered Agent Name CARLOS A. TRIAI Street Address (P.O. Box Number is Not Acceptable) 3750 NW 87th Ave #100 City DORAL FL Zip Code 33178	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-electing)</small>			
Filing Fee is \$81.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TAYLOR, ANN MARIE 12962 SW 88 LANE MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARR, CATHO 14275 SW 142 AVE MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOPEZ, LILLIAN 12964 SW 88 LN MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PROPERTY _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition DATE RECD _____ O/L CODE _____ AMOUNT _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	APPROVED BY: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition CK# <u>306</u> CK DATE <u>2/5/06</u> MAIL DATE <u>3/6/06</u> etc
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ <small>Signature of the President, Secretary, Treasurer, or other officer or director</small>			

RECEIVED
FEB 15 2006