

**2003 NOT-FOR-PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # N12152</b> 1. Entity Name <b>ELAN AT CALUSA CONDOMINIUM II ASSOCIATION, INC.</b>		
Principal Place of Business <b>LAKEVIEW MANAGEMENT                  13388 SW 128 ST                  MIAMI, FL 33186</b>		Mailing Address <b>LAKEVIEW MANAGEMENT                  13388 SW 128 ST                  MIAMI, FL 33186</b>
2. Principal Place of Business <b>Miami Management</b> Suite, Apt. #, etc. <b>14275 SW 142 Ave</b> City & State <b>Miami FL</b> Zip <b>33186</b>		3. Mailing Address <b>Miami Management</b> Suite, Apt. #, etc. <b>14275 SW 142 Ave</b> City & State <b>Miami Fla</b> Zip <b>33186</b>
4. FEI Number <b>59-2774809</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent <b>COLVIN, GLEN                  13388 SW 128 SW                  MIAMI, FL 33186</b>		7. Name and Address of New Registered Agent Name <b>Steven Fern</b> Street Address (P.O. Box Number is Not Acceptable) <b>400 South State Road 7</b> City <b>Plantation</b> FL Zip Code <b>33317</b>
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 <u>Steven Fern</u> (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW (FEES IS \$61.25)		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
Make Check Payable to Florida Department of State		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VILLAR, MARIA 12978 SW 88 LN MIAMI, FL 33186 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHOOK, TIMOTHY 12952 SW 88 LANE MIAMI, FL 33186 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOPEZ, LILLIAN 12984 SW 88 LN MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ANNE MARIE TAYLOR 12962 S.W. 88 CAVE MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Cathie Carr 14275 SW 142 Ave Miami FL 33186 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS 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)(l), 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: <u>Debra J. Jones</u>		Date _____ Daytime Phone # _____

90128350



CHECK HERE IF MAKING CHANGES

CR2E037 (10/02)