FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N21426** **(4)**

1. Corporation Name
ELAN AT CALUSA CONDOMINIUM VII ASSOCIATION, INC.

Principal Place of Business	Mailing Address
12000 SW 114 PLACE MIAMI FL 33186	12000 SW 114 PLACE MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/01/1987
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0092132 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc	27	Suite, Apt. #, etc
23	City & State	28	City & State
24	Zip	25 Country	29 Zip	30 Country

9. Name and Address of Current Registered Agent

SUITS, STEPHEN E.
% LAND CAP PROPERTY SERVICES, INC.
12000 SW 114 PLACE
MIAMI FL 33176

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	P/D	☒ Change ☐ Addition
NAME	FEDERONIS, BRENDA	12 NAME	SUSAN SOLTERO	
STREET ADDRESS	13076 SW 88 LN B-201	13 STREET ADDRESS	13072 SW 88th Lane	
CITY ST ZIP	MIAMI FL 33186	14 CITY ST ZIP	MIAMI, FL 33186	
TITLE	SD	21 TITLE	VP/D	☒ Change ☐ Addition
NAME	JONES, ROBERT	22 NAME	ALI ASGAR	
STREET ADDRESS	13076 SW 88 LN B-201	23 STREET ADDRESS	13122 SW 88 Lane # c206	
CITY ST ZIP	MIAMI FL 33186	24 CITY ST ZIP	MIAMI, FL 33186	
TITLE	TD	31 TITLE	S/D/T	☒ Change ☐ Addition
NAME	WHITE, BERRY	32 NAME	SHERYL WHITE	
STREET ADDRESS	13084 SW 88 LN B-203	33 STREET ADDRESS	13084 SW 88 Lane	
CITY ST ZIP	MIAMI FL 33186	34 CITY ST ZIP	Miami, FL 33186	
TITLE	VD	41 TITLE		☐ Change ☐ Addition
NAME	PAISLEY, SHERRY	42 NAME		
STREET ADDRESS	13100 SW 88 LN C-101	43 STREET ADDRESS		
CITY ST ZIP	MIAMI FL 33186	44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

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

0008976