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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

CITY-ST-ZIP

N21426

(4)

ELAN AT CALUSA CONDOMINIUM VII ASSOCIATION. INC.

Principal Place of Business Mailing Address 12000 SW 114 PLACE 12000 SW 114 PLACE MIAMI FL 33176-4412 MIAMI FL 33186 3a. Date of Last Report 3. Date Incorporated or Qualified 03/14/1996 07/01/1987 2a. Mailing Address LAND CAP 2. Principal Place of Business 4. FEI Number Applied For 65-0092132 21 26 Not Applicable LAND CAP PROPERTY SERVICES, INC. \$8.75 Additional PROPERTY SERVICES, INC. 5. Certificate of Status Desired 13800 SW 144 Ave Road Fee Required 27 13800 SW 144 Ave Road City & Staffilami, FL 33186 6, Election Campaign Financing \$5.00 May Be Mlaml, FL 33186 23 28 Trust Fund Contribution Added to Fees Country $Z_{i}p$ Zip 8. This corporation has liability for intangible tax under s. 199.032, 24 29 30 Florida Statutes Yes No 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SUITS, STEPHEN E. Street Address (P.O. Box Number is Not Acceptable) 82 % LAND CAP PROPERTY SERVICES, INC. 83 PROPERTY SERVICES, INC. 12000 SW 114 PLACE MIAMI FL 33176 13800 SW 144 Ave Road 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement of 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 617.0503, Florida Statutes. Signature, typied or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. (96/6)Change Addition DELETE 1.1 TITLE TITLE SOLTERO, SUSAN 1.2 NAME NAME 13072 SW 88TH LANE STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE **VPD** ASGAR, ALI 2.2 NAME NAME 13122 SW 88 LANE #C206 2.3 STREET ADDRESS STREET ADDRESS CITY-S1-ZIP MIAMI FL 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE SDT WHITE, SHERYL 3.2 NAME NAME 13084 SW 88 LANE STREET ADDRESS 3.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS **6.3 STREET ADDRESS**

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not quality 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 Tichanged, or an an attachment with an address.

SIGNATURE:

Daytime Phone # 0033048

FILED

Mar 31 1997 8:00am

Secretary of State