

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N21426 (4)
1. Corporation Name
ELAN AT CALUSA CONDOMINIUM VII ASSOCIATION, INC.



| | | | |
|--|--------------------------------|--|---------------------|
| Principal Place of Business | | Mailing Address | |
| LAND CAP PROPERTY SERVICES, INC 13800 SW 144 AVE RD MIAMI FL 33186 US | | LAND CAP PROPERTY SERVICES, CIN 13800 SW 144 AVE RD MIAMI FL 33186 US | |
| 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 | 29 | Zip |
| 25 | Country | 30 | Country |

3. Date Incorporated or Qualified
07/01/1987

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

LANDCAP PROPERTY SERV.
13800 SW 144 AVE RD
12000 SW 114 PLACE
MIAMI FL 33186

10. Name and Address of New Registered Agent

| | | |
|----|--|-------------------------------|
| 81 | Name | Stephen Suits |
| 82 | Street Address (P.O. Box Number is Not Acceptable) | 40 Land Cap Property Services |
| 83 | | 13800 SW 144 Ave. Rd. |
| 84 | City | Miami |
| 85 | Zip Code | FL 33186 |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|--|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | SOLTERO, SUSAN | |
| STREET ADDRESS | 13072 SW 88TH LANE | |
| CITY-ST-ZIP | MIAMI FL 33186 | |
| TITLE | VPD | <input checked="" type="checkbox"/> DELETE |
| NAME | ASGAR, ALI | |
| STREET ADDRESS | 13122 SW 88 LANE #C206 | |
| CITY-ST-ZIP | MIAMI FL 33186 | |
| TITLE | SDT | <input type="checkbox"/> DELETE |
| NAME | WHITE, SHERYL | |
| STREET ADDRESS | 13084 SW 88 LANE | |
| CITY-ST-ZIP | MIAMI FL 33186 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | Lourdes Garcia |
| 4.3 STREET ADDRESS | 13062 SW 88 LN A102 |
| 4.4 CITY-ST-ZIP | Miami, FL 33186 |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | 800002499810 |
| 6.3 STREET ADDRESS | -04/24/98--01037--014 |
| 6.4 CITY-ST-ZIP | ***61.25 |

14. 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 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 Susan White

CR2E037 (10/97)