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NONPROFIT CORPORATION ANNUAL REPORT 1999

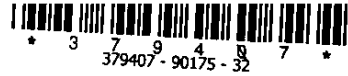


FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N21426

1. Corporation Name

ELAN AT CALUSA CONDOMINIUM VII ASSOCIATION, INC.



Principal Place of Business

LAND CAP PROPERTY SERVICES, INC  
13800 SW 144 AVE RD  
MIAMI FL 33186  
US

Mailing Address

LAND CAP PROPERTY SERVICES, CIN  
13800 SW 144 AVE RD  
MIAMI FL 33186  
US

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

07/01/1987

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
65-0092132

Applied For  
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SUITS, STEPHEN  
C/O LAND CAP PROPERTY SERVICES  
13800 S.W. 144 AVENUE ROAD  
MIAMI FL 33186

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 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

*Sheryl White* *S. Soltero* *4/15/99*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  DELETE  
NAME SOLTERO, SUSAN  
STREET ADDRESS 13072 SW 88TH LANE  
CITY-ST-ZIP MIAMI FL

1.1 TITLE VPD  Change  Addition  
1.2 NAME SOLTERO, SUSAN  
1.3 STREET ADDRESS 13072 SW 88 LN.  
1.4 CITY-ST-ZIP MIAMI, FL 33186

TITLE D  DELETE  
NAME GARCIA, LOURDES  
STREET ADDRESS 13062 S.W. 88 LANE A102  
CITY-ST-ZIP MIAMI FL 33186

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE SDT  DELETE  
NAME WHITE, SHERYL  
STREET ADDRESS 13084 SW 88 LANE  
CITY-ST-ZIP MIAMI FL

3.1 TITLE PD  Change  Addition  
3.2 NAME WHITE, SHERYL  
3.3 STREET ADDRESS 13084 SW 88 LN.  
3.4 CITY-ST-ZIP MIAMI, FL 33186

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

*Sheryl White*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99  
Date

305-382-7883  
Daytime Phone #

0028406

CR2E037\_ (1.1/98)