2002 UNIFORM BUSINESS REPORT (UBR) **FILED** Apr 22, 2002 8:00 am Secretary of State **DOCUMENT # N21426** 1. Entity Name ELAN AT CALUSA CONDOMINIUM VII ASSOCIATION, INC. 04-22-2002 90205 026 ****61.25 Principal Place of Business Mailing Address LAND_CAP PROPERTY SERVICES, INC LAND GAP PROPERTY SERVICES. CIN 13800 SW-144 AVE RD 13800 SW 144 AVE RD MIAMI FL 33186 MIAMI FL 33186 3. Mailing Address 2. Principal Place of Business MIAMI MANAGEMENT, INC MANAGEMENI DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc 275: Applied For 4. FEI Number City & State & State 65-0092132 MIAM Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent arlene Rubido Street Address (P.O. Box Number is Not Acceptable 8500 West Florgue 5 SUITS STEPHEN 8500 C/O LAND CAR PROPERTY SERVICES A-105 Suite 13800 S.W. 144 AVENUE ROAD MIAMI FL 33186 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. SIGNATURE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. **VPD** TITLE ☐ Addition ☐ Delete TITLE SOLTERO, SUSAN NAME NAME STREET ADDRESS STREET ADDRESS 13072 SW 88TH LANE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Delete TITLE ☐ Change ☐ Addition TITLE GARCIA, LOURDES NAME NAME STREET ADDRESS STREET ADDRESS 13062 S.W. 88 LANE A102 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33186 - - - -☐ Change ☐ Addition ☐ Delete TITLE TITLE WHITE, SHERYL NAME STREET ADDRESS STREET ADDRESS 13084 SW 88 LANE CITY-ST-ZIP MIAMI FL CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE Cárvajal, Ray NAME NAME 13112 SW 88 LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33186 Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(i), 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 attackment with an address with all other like empowered.

SIGNATURE:

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