

FILE NOW: FILING FEE IS \$61.25

APPROVED AND FILED

98 SEP 18 AM 11:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # 1. Corporation Name  
N23628  
ELAN AT CALUSA, VIII CONDOMINIUM ASSOCIATION, INC.  
Condominium

REINSTATEMENT 97-98

Principal Place of Business Mailing Address  
12927 SW 88 LN MIAMI, FL 33186  
12927 SW 88 LN MIAMI, FL 33186

3. Date Incorporated or Qualified 11/24/87  
4. FEI Number 65-0092284 Applied For Not Applicable  
5. Certificate of Status Desired [X] \$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 [X] No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. [ ] Yes [ ] No

2. Principal Place of Business 2a. Mailing Address  
21 LAKEVIEW MGT 26 LAKEVIEW MGT  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 13388 SW 128 ST 27 13388 SW 128 ST  
City & State City & State  
23 MIAMI, FL 28 MIAMI, FL  
Zip Country Zip Country  
24 33186 25 US 29 33186 30 US

9. Name and Address of Current Registered Agent  
BLANK, SANDRA  
12927 SW 88 LN  
MIAMI, FL 33186

10. Name and Address of New Registered Agent  
81 Name GLEN COLVIN  
82 Street Address (P.O. Box Number is Not Acceptable) O/A LAKEVIEW MANAGEMENT  
83 13388 SW 128 ST  
84 City MIAMI FL 85 Zip Code 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 [Signature] (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	RD JULIE EPSTEIN
13 STREET ADDRESS	13018 SW 88 TRAIL
14 CITY-ST-ZIP	MIAMI, FL
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	SO DE VERUEUIL, RORY
23 STREET ADDRESS	13014 SW 88 TRAIL
24 CITY-ST-ZIP	MIAMI, FL 33186
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	TD GARCIA, FIERPO
33 STREET ADDRESS	13020 SW 88 TRAIL
34 CITY-ST-ZIP	MIAMI, FL 33186
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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.

SIGNATURE: Julie C. Epstein  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)