

4/10/

FILED
May 21, 2002 8:00 am
Secretary of State

04-10-2002 90673 043 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N23628

1. Entity Name

ELAN AT CALUSA CONDOMINIUM VIII ASSOCIATION, INC

Principal Place of Business

Mailing Address

LAKEVIEW MGMT.
13388 S.W. 128TH ST.
MIAMI FL 33186

LAKEVIEW MGMT.
13388 S.W. 128TH ST.
MIAMI FL 33186

2. Principal Place of Business

3. Mailing Address



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0092124

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLVIN, GLEN
LAKEVIEW MGMT.
13388 S.W. 128TH ST.
MIAMI FL 33186

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
NAME **EPSTEIN, JULIE**
STREET ADDRESS **13018 S.W. 88 TERR.**
CITY-ST-ZIP **MIAMI FL**

TITLE Change Addition
NAME **Gonzalez, Leslie P. D**
STREET ADDRESS **13022 SW 88 Terr. S.**
CITY-ST-ZIP **Miami, Fl 33186**

TITLE **SD** Delete
NAME **DE VERTEUIL, RORY**
STREET ADDRESS **13014 SW 88 TERR**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** Delete
NAME **GARCIA, FIRPO**
STREET ADDRESS **13020 S.W. 88 TERR.**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
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 attachment with an address, with all other like empowered.

SIGNATURE:

Julie Epstein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/02
Date

Daytime Phone #

CR2E037 (9/01)