

**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N23628 1. Entity Name ELAN AT CALUSA CONDOMINIUM VIII ASSOCIATION, INC.		 20031169
Principal Place of Business LAKEVIEW NGMT. 13388 S.W. 128TH ST. MIAMI, FL 33186		Mailing Address LAKEVIEW NGMT. 13388 S.W. 128TH ST. MIAMI, FL 33186
2. Principal Place of Business Miami Management Suite, Apt. #, etc. 14275 SW 142 Ave City & State Miami Fla Zip 33186 		3. Mailing Address Miami Management Suite, Apt. #, etc. 14275 SW 142 Ave City & State Miami Fla Zip 33186
4. FEI Number 65-0092124		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent COLVIN, GLEN LAKEVIEW MGMT. 13388 S.W. 128TH ST. MIAMI, FL 33186		7. Name and Address of New Registered Agent Name Steven Fein Street Address (P.O. Box Number is Not Acceptable) 400 South State Road 7 City Plantation FL Zip Code 33317
8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Steven Fein</u> DATE <u>4/16/03</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when electing)</small>		
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
Make Check Payable to Florida Department of State		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EPSTEIN, JULIE 13018 S.W. 69 TERR. MIAMI, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, LESLIE P 13022 SW 88 TERR MIAMI, FL 33186	Director Cathie Carr 14275 SW 142 Ave Miami FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GARCIA, FIRPO 13020 S.W. 88 TERR. MIAMI, FL 33186	Director Guillermo Canio-Bello 14275 SW 142 Ave Miami FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE 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: <u>Julie C. Epstein</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		

CR2037 (10/02)