

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90038 037 \*\*\*\*61.25

**DOCUMENT # N27939**

1. Entity Name

**ELAN AT CALUSA CONDOMINIUM X ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**MIAMI MANAGEMENT  
 14275 SW 124ND AVE  
 MIAMI FL 33178  
 US**

**C/O MIAMI MANAGEMENT  
 14275 SW 142ND AVE  
 MIAMI FL 33186-6715  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0092975**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SKRLD INC  
 201 ALAHABRA CIRCLE  
 STE 1102  
 CORAL GABLES FL 33134**

Name: **CARLOS A. TRAY**  
 Street Address (P.O. Box Number is Not Acceptable):  
**999 Ponce De Leon**  
**Suite # 1110**  
 City: **Coral Gables** FL Zip Code: **33134**

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	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>VIVALDI, IVAN</b>	
STREET ADDRESS	<b>8858 SW 130 PLACE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33186</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>HERNANDEZ, JACQUELINE</b>	
STREET ADDRESS	<b>13036 SW 88 TERRANCE SOUTH</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>RUIZ, JOSEFINA</b>	
STREET ADDRESS	<b>8864 SW 130TH PLACE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33186</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** *[Signature]* **REQUIRED** **IVAN VIVALDI, PD 21800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)