

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90063 008 ****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
 US**

110493



DO NOT WRITE IN THIS SPACE

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**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TRIAI, CARLOS A
 999 PONCE DE LEON
 STE 1110
 CORAL GABLES FL 33134**

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 **VIVALDI, IVAN**
 STREET ADDRESS **8858 SW 130 PLACE**
 CITY-ST-ZIP **MIAMI FL 33186**

TITLE **PRESIDENT/DIRECTOR** Change Addition
 NAME **Maria Rinaldi**
 STREET ADDRESS **13038 SW 88 Terrance South**
 CITY-ST-ZIP **Miami FL 33186**

TITLE **SD** Delete
 NAME **HERNANDEZ, JACQUELINE**
 STREET ADDRESS **13036 SW 88 TERRANCE SOUTH**
 CITY-ST-ZIP **MIAMI FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **RUIZ, JOSEFINA**
 STREET ADDRESS **8864 SW 130TH PLACE**
 CITY-ST-ZIP **MIAMI FL 33186**

TITLE **TREASURER/DIRECTOR** Change Addition
 NAME **RUTH SIMENEZ**
 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:

[Signature]
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-16-01

CR2E037 (10/00)