



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # N27939 1. Entity Name ELAN AT CALUSA CONDOMINIUM X ASSOCIATION, INC.	
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Principal Place of Business C/O ALL FLORIDA MANAGEMENT CO. 9415 SUNSET DR #149 MIAMI, FL 33173 US	Mailing Address C/O ALL FLORIDA MANAGEMENT CO. 9415 SUNSET DR #149 MIAMI, FL 33173 US
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DO NOT WRITE IN THIS SPACE

	
02072008 No Chg-NP	CR2E037 (4/06)
4. FEI Number 65-0092975	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FEIN & MELONI ATTORNEYS AT LAW
 C/O EDWARD MELONI
 900 SW 40 AVENUE
 PLANTATION, FL 33317

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TORRENTE, KIM 9415 SUNSET DR #149 MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ALVAREZ, RENEE 9415 SUNSET DR #149 MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARR, CATHIE 9415 SUNSET DR #149 MIAMI, FL 33173
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00000861375
04/03/08-80007-007 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **3-6-08** **786 423-0042**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #