2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State
04-03-2006 90370 020 ****61.25

DOCUMENT # N12143

1. Entity Name
ELAN AT CALUSA CONDOMINIUM III ASSOCIATION, INC.

Principal Place of Business	Mailing Address
14275 SW 142 AVE MIAMI, FL 33186	14275 SW 142 AVE MIAMI, FL 33186

CK# _____ CK DATE 2/15 MAIL DATE _____
60024007

01052006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2774607 ☐ 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
TRIAY, CARLOS 10570 NW 27 STREET SUITE 103 MIAMI, FL 33172	Name CARLOS A. TRIAY Street Address (P.O. Box Number is Not Acceptable) 3750 NW 87TH Ave #100 City Miami FL Zip Code 33178

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 DEVEAUX, HARRY 8928 SW 128 CT. MIAMI, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST MARQUES, MARION 8936 SW 128 CT MIAMI, FL 33186	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MONROY, LOREIDA 8924 SW 128TH CT MIAMI, FL 33186	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE President ASTRID STAFFEL 8944 SW 128TH CT Miami, FL 33186 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DATE RECD _____ G/L CODE _____ AMOUNT _____	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	APPROVED BY: _____ CK# 2497 CK DATE 3/16 MAIL DATE _____	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PROPERTY _____ DATE RECD _____ G/L CODE _____ AMOUNT _____ ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	APPROVED BY: _____ CK# 2493 CK DATE 2/22 MAIL DATE 3/6/06 ☐ Change ☐ Addition

RECEIVED
FEB 15 2006

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: _____ 03.17.06 305.385.6964
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #