

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT #N12151 1. Entity Name ELAN AT CALUSA CONDOMINIUM I ASSOCIATION, INC.			
Principal Place of Business MIAMI MANAGEMENT 14275 SW 142 AVE MIAMI, FL 33186		Mailing Address MIAMI MANAGEMENT 14275 SW 142 AVE MIAMI, FL 33186	
2. Principal Place of Business - No P.O. Box # T & G MANAGEMENT Suite, Apt. #, etc. 18001 OLD CUTLER RD City & State Palmetto Bchs Zip 33117		3. Mailing Address T & G MANAGEMENT Suite, Apt. #, etc. 18001 OLD CUTLER RD City & State Palmetto Bchs FL Zip 33117	
Country Dele		Country Dele	
4. FEI Number 59-2774808		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 TRIAI CARLOS A 3750 NW 87TH AVE, # 100 DORAL, FL 33178		7. Name and Address of New Registered Agent Name Glassford Dale Street Address (P.O. Box Number is Not Acceptable) 12928 SW 133 CT SUITE 12 City MIAMI FL Zip Code 33186	
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 (P) Dale Glassford Date Feb 3, 2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent's signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	ST	<input checked="" type="checkbox"/> Delete	
NAME	WEINER, ROCHELLE R		
STREET ADDRESS	3962 SW 128 COURT		
CITY-ST-ZIP	MIAMI, FL 33186		
TITLE	VPD	<input type="checkbox"/> Delete	
NAME	GRAHAM, LINDA		
STREET ADDRESS	8970 S.W. 128 CT.		
CITY-ST-ZIP	MIAMI, FL 33186		
TITLE	D	<input checked="" type="checkbox"/> Delete	
NAME	CARR, CATHIE		
STREET ADDRESS	14275 SW 145 AVE		
CITY-ST-ZIP	MIAMI, FL 33186		
TITLE	P	<input type="checkbox"/> Delete	
NAME	IREDOLE, JORLENE		
STREET ADDRESS	61928 SW 88TH LN		
CITY-ST-ZIP	MIAMI, FL 33186		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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: (P) Jorlene Iredole Date Feb 3, 2008 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 07-08

10-23-2008 REIN INP CR2E098 (4/07)