


FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 97-1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N20306
1. Corporation Name

ELAN AT CALUSA CONDOMINIUM IN
ASSOCIATION, INC

Principal Place of Business

Mailing Address

12922 SW 88 LN
MIAMI, FL 33186

12922 SW 88 LN
MIAMI, FL 33186

2. Principal Place of Business

21 LAKEVIEW MANAGEMENT

Suite, Apt. #, etc.

22 13388 SW 128 ST

City & State

23 MIAMI, FL

24 33186

Country

25 US

2a. Mailing Address

26 LAKEVIEW MANAGEMENT

Suite, Apt. #, etc.

27 13388 SW 128 ST

City & State

28 MIAMI, FL

29 33186

Country

30 US

9. Name and Address of Current Registered Agent

BLANK, SANDRA
12922 SW 88 LN
MIAMI, FL 33186

REINSTATEMENT 97-98

3. Date Incorporated or Qualified

4/23/87

4. FEI Number

59-2819041

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

Trust Fund Contribution

☐

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible

Personal Property Tax due June 30.

☐ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

GLEN COLVIN

82 Street Address (P.O. Box Number is Not Acceptable)

% LAKEVIEW MANAGEMENT

83

13388 SW 128 ST

84 City

MIAMI

FL

85

Zip Code
33186

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PO ☒ DELETE

NAME KORABLATT, HARRIET

STREET ADDRESS 12922 SW 88 LN

CITY-ST-ZIP MIAMI, FL 33186

TITLE TO ☒ DELETE

NAME FLETTES, ANGELIS

STREET ADDRESS 12922 SW 88 LN

CITY-ST-ZIP MIAMI, FL 33186

TITLE 300002668033 ☐ DELETE

NAME -10/20/98--01050--020

STREET ADDRESS ****245.00 ****245.00

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PO ☒ Change ☐ Addition

1.2 NAME SALVINO, MARSHA

1.3 STREET ADDRESS 12988 SW 88 LN

1.4 CITY-ST-ZIP MIAMI, FL 33186

2.1 TITLE VD ☐ Change ☒ Addition

2.2 NAME MARISOL RANGEL

2.3 STREET ADDRESS 12914 SW 88 LN

2.4 CITY-ST-ZIP MIAMI, FL 33186

3.1 TITLE STD ☐ Change ☒ Addition

3.2 NAME HAINS, PHYLLIS

3.3 STREET ADDRESS 12900 SW 88 LN

3.4 CITY-ST-ZIP MIAMI, FL 33186

4.1 TITLE D ☐ Change ☒ Addition

4.2 NAME KATZ, HOWARD

4.3 STREET ADDRESS 12942 SW 88 LN

4.4 CITY-ST-ZIP MIAMI, FL 33186

5.1 TITLE 300002668033 ☐ Change ☒ Addition

5.2 NAME -10/20/98--01050--019

5.3 STREET ADDRESS *****61.25 *****61.25

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/97)