2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State
02-21-2005 90076 026 ****61.25

DOCUMENT # N20306

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

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

20013975

01062005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-2819041
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TEIAY, CARLOS A
10570 NW 27 STREET #103
MIAMI, FL 33172

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

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CARR, CATHIE
STREET ADDRESS	14275 SW 142 AVE
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	VD
NAME	HELLON, DOMINIQUE
STREET ADDRESS	12910 SW 88 TERRACE
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	STD
NAME	HAINS, PHYLLIS
STREET ADDRESS	12900 S.W. 88 TERRACE
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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JAN 26 2005

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: _____ President 1/19/05 305-505-5355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #