FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91762 003 ****61.25

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N20306

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

90128348

Principal Place of Business	Mailing Address
% LAKEVIEW MANAGEMENT 13388 S.W. 128TH STREET MIAMI, FL 33186	% LAKEVIEW MANAGEMENT 13388 S.W. 128TH STREET MIAMI, FL 33186

2. Principal Place of Business	3. Mailing Address
Miami Management	Miami Management
Suite, Apt. #, etc. 14275 SW 142 ave	Suite, Apt. #, etc. 14275 SW 142 ave
City & State Miami Fl	City & State Miami Fl
Zip 33186 Country	Zip 33186 Country

☐ CHECK HERE IF MAKING CHANGES

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	7. Name and Address of New Registered Agent
COLVIN, GLEN % LAKEVIEW MANAGEMENT 13388 S.W. 128TH STREET MIAMI, FL 33186	Name Steven Fein Street Address (P.O. Box Number Is Not Acceptable) 900 South State Road 7 City Plantation FL Zip Code 33317

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

FILE NOW. FEE IS $61.25

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 SALVINO, MARSHA 12988 S.W. 88 TERRACE MIAMI, FL 33186	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HELLON, DOMINIQUE 12910 SW 88 TERRACE MIAMI, FL 33186	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD HAINS, PHYLLIS 12900 S.W. 88 TERRACE MIAMI, FL 33186	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E037 (10/02)

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: Marsha R Salvino 4/9/03 305-382-6544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #