

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 05, 2009
Secretary of State

DOCUMENT# N21423

Entity Name: ELAN AT CALUSA CONDOMINIUM V ASSOCIATION, INC.**Current Principal Place of Business:**14275 SW 142 AVE
MIAMI, FL 33186**New Principal Place of Business:****Current Mailing Address:**14275 SW 142 AVE
MIAMI, FL 33186**New Mailing Address:****FEI Number:** 65-0035898**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**TRIAY, CARLOS A
2301 NW 87 AVE
SUITE 501
DORAL, FL 33172 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date**OFFICERS AND DIRECTORS:****Title:** P () Delete
Name: SIMONE, JOE
Address: 14275 SW 142 AVE
City-St-Zip: MIAMI, FL 33186**Title:** T () Delete
Name: BECERRA, ROSEMARY
Address: 14275 SW 142 AVE
City-St-Zip: MIAMI, FL 33186**Title:** S () Delete
Name: BETANCOURT, IRIS
Address: 14275 SW 142 AVE
City-St-Zip: MIAMI, FL 33186**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P (X) Change () Addition
Name: ORTIZ, LISA
Address: 14275 SW 142 AVE
City-St-Zip: MIAMI, FL 33186**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA ORTIZ

P

08/05/2009

Electronic Signature of Signing Officer or Director_____
Date