


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90033 044 ****61.25

| | | | | | |
|---|--|---|--|--|--|
| DOCUMENT # N21426 1. Entity Name ELAN AT CALUSA CONDOMINIUM VII ASSOCIATION, INC. | | | |  | |
| Principal Place of Business MIAMI MANAGEMENT INC 14275 SW 142 AVE MIAMI, FL 33186 US | | | | Mailing Address MIAMI MANAGEMENT INC 14275 SW 142 AVE MIAMI, FL 33186 US | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 4. FEI Number 65-0092132 | | | | 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 | | | 7. Name and Address of New Registered Agent | | |
| RUBIDO, MARLENE 8600 WEST FLAGLER STREET SUITE A-105 MIAMI, FL 33144 33155 | | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | VPD SOLTERO, SUSAN 13072 SW 88TH LANE MIAMI, FL | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Felino Gonzalez 13116 SW 88 Lane Miami, FL 33186 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GARCIA, LOURDES 13062 S.W. 88 LANE A102 MIAMI, FL 33186 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Angela Harper 13112 SW 88 Lane Miami, FL 33186 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD WHITE, SHERYL 13084 SW 88 LANE MIAMI, FL | | Change <input type="checkbox"/> Addition <input type="checkbox"/> | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change <input type="checkbox"/> Addition <input type="checkbox"/> | | Change <input type="checkbox"/> Addition <input type="checkbox"/> | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change <input type="checkbox"/> Addition <input type="checkbox"/> | | Change <input type="checkbox"/> Addition <input type="checkbox"/> | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change <input type="checkbox"/> Addition <input type="checkbox"/> | | Change <input type="checkbox"/> Addition <input type="checkbox"/> | | |
| 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: Sheryl White SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | 2-8-05 Date | | |
| 305-378-0130 Daytime Phone # | | | Miami Management | | |

40022407



02082005 Chg-NP CR2E037 (10/03)