2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State
02-07-2005 90097 035 ****61.25

DOCUMENT # N32951

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

Principal Place of Business	Mailing Address
C/O MIAMI MANAGEMENT 14275 SW 124ND AVE MIAMI, FL 33186 US	C/O MIAMI MANAGEMENT 14275 SW 142ND AVE MIAMI, FL 33186 US

DO NOT WRITE IN THIS SPACE

01062005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0180726
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TRAIY, CARLOS
999 PONCE DE LEON BLVD
SUITE #1110
CORAL GABLES, FL 33134

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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	CANCIO-ZELLO, GUILGRMO
STREET ADDRESS	14275 SW 142 AVE
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	D
NAME	CATHIE CARR
STREET ADDRESS	14275 SW 142 AVE.
CITY-ST-ZIP	MIAMI, FL
TITLE	PD
NAME	LINERO, GLADYS
STREET ADDRESS	13012 SW 88 TERR N
CITY-ST-ZIP	MIAMI, FL
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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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #