2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State
04-13-2006 90311 045 ****61.25

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CK# 107 CK DATE 4/6 MAIL DATE ____

01052006 Chg-NP CR2E037 (11/05)

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

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 65-0180726 ☐ 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
TRAIY, CARLOS 999 PONCE DE LEON BLVD SUITE #1110 CORAL GABLES, FL 33134	Name CARLOS A TRIAY Street Address (P.O. Box Number is Not Acceptable) 3750 NW 87TH AVE #100 City DORAL FL Zip Code 33178

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

Filing Fee is $61.25
Due by May 1, 2006

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	D CANCIO-ZELLO, GUILGRMO 14275 SW 142 AVE MIAMI, FL 33186	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition PROPERTY_____
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CATHIE CARR 14275 SW 142 AVE. MIAMI, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DATE RECD_____ ☐ Change ☐ Addition G/L CODE_____ AMOUNT_____
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LINERO, GLADYS 13012 SW 88 TERR N MIAMI, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition APPROVED BY:_____ CK# 421 CK DATE 2b MAIL DATE 3/13 TC VOID.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition TREASURER-Director IVIS PEREZ 13006 SW 88 TERRACE NO MIAMI, FL 33186
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: M Evelyn Linero 4/11/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #