


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90097 036 \*\*\*\*61.25

<b>DOCUMENT #N33878</b> 1. Entity Name <b>ELAN AT CALLUSA CONDOMINIUM XIV ASSOCIATION, INC.</b>	
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Principal Place of Business <b>C/O MIAMI MANAGEMENT 14275 SW 142ND AVE MIAMI, FL 33186 US</b>	Mailing Address <b>C/O MIAMI MANAGEMENT 14275 SW 142ND AVE MIAMI, FL 33186 US</b>
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50011465



01062005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0180844</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>TRIAY, CARLOS A 999 PONCE DE LEON BLVD STE 1110 CORAL GABLES, FL 33134</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 NAME STREET ADDRESS CITY-ST-ZIP	DM SHAFFER, THOMAS 8817 SW 130 PLACE MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLY, MARTIN 8823 SW 130 PL MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GONZALEZ, JOSHUA 8821 SW 130 PL MIAMI, FL 33186
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

1-15-05

Date

305 539 4989

Daytime Phone