

# 2001 UNIFORM BUSINESS REPORT (UBR)

2

**FILED**  
**Mar 20, 2001 8:00 am**  
**Secretary of State**

02-27-2001 90301 012 \*\*\*\*61.25

**DOCUMENT # N33879**

1. Entity Name

**ELAN AT CALUSA CONDOMINIUM XV ASSOCIATION, INC.**

Principal Place of Business

C/O MIAMI MANAGEMENT INC.  
14275 SW 142 AVE.  
MIAMI FL 33188  
US

Mailing Address

C/O MIAMI MANAGEMENT INC.  
14275 SW 142 AVE.  
MIAMI FL 33188  
US

31724



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0180841

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SKRLD, INC.  
201 ALHAMBRA CIRCLE  
SUITE 1102  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name **CARLOS A. TRIAY**  
Street Address (P.O. Box Number is Not Acceptable)  
**10570 NW 27 Street #103**  
**MIAMI**  
City **FL** Zip Code **33172**

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.

SIGNATURE

*[Signature]*

Signature of printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

3/26/01

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LANSEY, CHRISTIAN	
STREET ADDRESS	8824 SW 130 CT.	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	FOWLER, SCOTT	
STREET ADDRESS	8816 SW 130 CT.	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	PAGAN, FRANCISCO	
STREET ADDRESS	8826 SW 130 CT.	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cathie Carr	
STREET ADDRESS	14275 SW 142 Ave	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	Treasurer/Secretary/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fowler / Scott	
STREET ADDRESS	8816 SW 130 CT	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	President / Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Francisco Pagan	
STREET ADDRESS	8826 SW 130 CT	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 817, 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]* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-20-01

CR2E037 (10/00)