

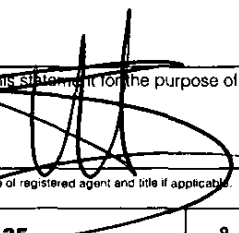
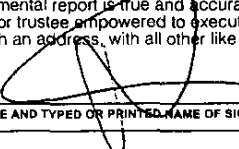


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2007 8:00 am**  
**Secretary of State**

04-10-2007 90014 042 \*\*\*\*61.25

<b>DOCUMENT # N33879</b> 1. Entity Name <b>ELAN AT CALUSA CONDOMINIUM XV ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O MIAMI MANAGEMENT INC.</b> <b>14275 SW 142 AVE.</b> <b>MIAMI, FL 33186 US</b>			Mailing Address <b>C/O MIAMI MANAGEMENT INC.</b> <b>14275 SW 142 AVE.</b> <b>MIAMI, FL 33186 US</b>		
2. Principal Place of Business - No P.O. Box # <b>8800-8834 SW 130 CT</b> Suite, Apt. #, etc.		3. Mailing Address <b>PO Box 653637</b> Suite, Apt. #, etc.			
City & State <b>Miami, FL</b> Zip <b>33186</b>		City & State <b>Miami, FL</b> Zip <b>33265</b>		4. FEI Number <b>65-0180841</b> Applied For <input type="checkbox"/> 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>CARLOS D. ITRIA</b> <b>10670 NW 27 STREET #403</b> <b>MIAMI, FL 33172</b>	
7. Name and Address of New Registered Agent Name <b>Maritra Betancourt</b> Street Address (P.O. Box Number is Not Acceptable) <b>Betancourt Mena &amp; Assoc</b> <b>19 W Flagler St #720</b> City <b>Miami</b> FL Zip Code <b>33130</b>				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. <div style="border: 1px solid black; padding: 5px; width: 100px; height: 100px; margin: 10px auto;">  </div>	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating) DATE			
Filing Fee <b>\$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LAKDAR-AZZOUZ, WAFI 8822 SW 130 COURT MIAMI, FL 33186	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PORTA, ROGER 8818 SW 130 COURT MIAMI, FL 33186	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERNANDEZ, KATHY 8810 SW 130 CT MIAMI, FL 33186	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <div style="border: 1px solid black; padding: 5px; width: 100px; height: 100px; margin: 10px auto;">  </div>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		