

FILED
Apr 14, 2003 8:00 am
Secretary of State

03-10-2003 90725 035 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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 33186
US**

Mailing Address

**C/O MIAMI MANAGEMENT INC.
14275 SW 142 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 **65-0180841**

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

**CARLOS D. ITRIAX
10570 NW 27 STREET #103
MIAMI FL 33172**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25

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 **D** ☒ Delete
NAME **CARR, CATHIE**
STREET ADDRESS **14275 SW 142 AVE.**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE **Treasurer / Secretary / Director** ☒ Change ☒ Addition
NAME **Nafi Lakhar - Azzouz**
STREET ADDRESS **8822 SW 130 CT**
CITY-ST-ZIP **Miami FL 33**

TITLE **TSD** ☒ Delete
NAME **FOWLER, SCOTT**
STREET ADDRESS **8818 SW 130 CT.**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PO** ☒ Delete
NAME **PAGAN, FRANCISCO**
STREET ADDRESS **8828 SW 130 CT.**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP/D** ☐ Delete
NAME **PORTA, ROGER**
STREET ADDRESS **8818 SW 130 COURT**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/03

(305) 380-9114

Date

Daytime Phone #