

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 771051 (0)

1. Corporation Name

EL VIENTO AT BOCA POINTE MAINTENANCE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O BEACON PROPERTY MGMT
ONE N OCEAN BLVD., SUITE 7
BOCA RATON FL 33432

C/O BEACON PROPERTY MGMT
ONE N OCEAN BLVD., SUITE 7
BOCA RATON FL 33432



3. Date Incorporated or Qualified 11/02/1983
3a. Date of Last Report 04/10/1995

21	2. Principal Place of Business 7912 Granada Place	2a. Mailing Address 500 E. Spanish River Blvd.	4. FEI Number 59-2384017	Applied For Not Applicable
22	22 Suite, Apt. #, etc.	27 #18	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	23 City & State Boca Raton, Fl.	28 Boca Raton, Fl.	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	24 Zip	29 33431	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIS, ERNEST, W
% BEACON PROPERTY MANAGEMENT INC
ONE N OCEAN BLVD., SUITE 7
BOCA RATON, FL 33432

81	Name Ernest W. Willis
82	Street Address (P.O. Box Number is Not Acceptable) Beacon Property Mgmt.
83	500 E. Spanish River Blvd. #18
84	City Boca Raton FL 85 Zip Code 33431

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and I accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Ernest W. Willis* ERNEST W. WILLIS 3-27-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-appointing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD FISHER, SYLVIA <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7918 GRANADA PLACE	1.2 NAME	
STREET ADDRESS	BOCA RATON FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D BERGER, HENRY <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	7894 GRANADA PL., #1003	2.2 NAME	Bernie Packman
STREET ADDRESS	BOCA RATON FL	2.3 STREET ADDRESS	7884 Seville Pl. #1301, Boca Raton, FL.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D PHILLIPS, CAROL <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	7920 SEVILLE PL. #1901	3.2 NAME	Jerry Stein
STREET ADDRESS	BOCA RATON FL	3.3 STREET ADDRESS	7860 Seville Pl. #2202, Boca Raton, FL.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VB LIEBERMAN, DAVID <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	7878 SEVILLE PLACE	4.2 NAME	Arthur Seltzer
STREET ADDRESS	BOCA RATON FL	4.3 STREET ADDRESS	7866 Seville Pl. #2301, Boca Raton, FL.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	PD MILES, KATHY <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7900 GRANADA PLACE	5.2 NAME	
STREET ADDRESS	BOCA RATON FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ernest W. Willis - President* 4/10/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)