


FILE NOW: FILING FEE IS \$61.25

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Apr 01 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # 771051 (0)

1. Corporation Name
EL VIENTO AT BOCA POINTE MAINTENANCE ASSOCIATION, INC.



| | |
|---|---|
| Principal Place of Business 7912 GRNDA PLACE BOCA RATON FL 33432 US | Mailing Address 500 E SPANISH RIVER BLVD #8 BOCA RATON FL 33431-4516 US |
|---|---|

| | |
|--|--|
| 3. Date Incorporated or Qualified 11/02/1983 | 3a. Date of Last Report 04/18/1996 |
| 4. FEI Number 59-2384017 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|---|----------------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 | Country 25 |
| Zip 29 | Country 30 |

9. Name and Address of Current Registered Agent

**WILLIS, ERNEST W.
BEACON PROPERTY MGMT
500 E. SPANISH RIVER BLVD #811
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **Ste. 18**
85 Zip Code **FL**

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 accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | |
|----------------|--|
| TITLE | STD <input type="checkbox"/> DELETE |
| NAME | FISHER, SYLVIA |
| STREET ADDRESS | 7918 GRANDA PLACE |
| CITY-ST-ZIP | BOCA RATON FL |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | PACKMAN, BERNIE |
| STREET ADDRESS | 7884 SEVILLE PL #1301 |
| CITY-ST-ZIP | BOCA RATON FL |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | STEIN, JERRY |
| STREET ADDRESS | 7860 SEVILLE PL #2202 |
| CITY-ST-ZIP | BOCA RATON FL |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | SELTZER, ARTHUR |
| STREET ADDRESS | 7866 SEVILLE PL #2301 |
| CITY-ST-ZIP | BOCA RATON FL |
| TITLE | PD <input type="checkbox"/> DELETE |
| NAME | MILES, KATHY |
| STREET ADDRESS | 7900 GRANADA PLACE |
| CITY-ST-ZIP | BOCA RATON FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I do 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 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: *Catherine Miles* **CATHERINE MILES** **3/24/97** **561-750-0540**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0038738

CR2E037 (9/96)