


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 28 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Northam 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 GRANDA PLACE BOCA RATON FL 33432 US | Mailing Address 500 E SPANISH RIVER BLVD #8 BOCA RATON FL 33431 US |
|--|--|



| | |
|---|--|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 500 NE Spanish River Blvd |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 #18 |
| City & State 23 | City & State 28 |
| Zip 24 | Country 25 |
| | Country 30 |

| | | |
|---|---|--|
| 3. Date Incorporated or Qualified 11/02/1983 | Applied For <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
| 4. FEI Number 59-2384017 | | |
| 6. 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 | |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

9. Name and Address of Current Registered Agent
**WILLIS, ERNEST W.
BEACON PROPERTY MGMT
STE 18
BOCA RATON FL 33431**

| |
|---|
| 10. Name and Address of New Registered Agent |
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) 500 NE Spanish River Blvd #18 |
| 83 |
| 84 City |
| 85 Zip Code |

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | |
|----------------------------|-----------------------|--|
| TITLE | TD | <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 | SD | <input type="checkbox"/> DELETE |
| NAME | STEIN, JERRY | |
| STREET ADDRESS | 7880 SEVILLE PL #2202 | |
| CITY-ST-ZIP | BOCA RATON FL | |
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | SELTZER, ARTHUR | |
| STREET ADDRESS | 7886 SEVILLE PL #2301 | |
| CITY-ST-ZIP | BOCA RATON FL | |
| TITLE | VD | <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 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | S/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | P/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | V/D | <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 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 to this address.

SIGNATURE: 

4-21-98 561-750-0394

CR2E037 (10/97)