


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90043 026 ****61.25

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|---|--------------------------|---|---|--|-----------------------------------|
| DOCUMENT # 771051 | | | |  | |
| 1. Entity Name EL VIENTO AT BOCA POINTE MAINTENANCE ASSOCIATION, INC. | | | | | |
| Principal Place of Business 7932 SEVILLE PLACE 2101 BOCA RATON, FL 33433 US | | Mailing Address 500 NE SPANISH RIVER BLVD #8 BOCA RATON, FL 33431 US | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-2384017 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| WILLIS, ERNEST W. 500 NE SPANISH RIVER BLVD #18 BOCA RATON, FL 33431 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | FL |
| 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | SD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | FISHER, SYLVIA | | NAME | | |
| STREET ADDRESS | 7918 GRANDA PL UNIT 103 | | STREET ADDRESS | | |
| CITY-ST-ZIP | BOCA RATON, FL 33433 | | CITY-ST-ZIP | | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | WEISS, ELAINE | | NAME | | |
| STREET ADDRESS | 7932 SEVILLE PLACE #2101 | | STREET ADDRESS | | |
| CITY-ST-ZIP | BOCA RATON, FL 33433 | | CITY-ST-ZIP | | |
| TITLE | VPD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | BAROWAY, ROBERT | | NAME | | |
| STREET ADDRESS | 7876 GRANADA PLACE #703 | | STREET ADDRESS | | |
| CITY-ST-ZIP | BOCA RATON, FL 33433 | | CITY-ST-ZIP | | |
| TITLE | TD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | HIBBS, ALLISON | | NAME | | |
| STREET ADDRESS | 7908 SEVILLE PLACE #1704 | | STREET ADDRESS | | |
| CITY-ST-ZIP | BOCA RATON, FL 33433 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | EHRENTREU, LOWELL | | NAME | | |
| STREET ADDRESS | 7926 SEVILLE PLACE #2004 | | STREET ADDRESS | | |
| CITY-ST-ZIP | BOCA RATON, FL 33433 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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: <i>Sylvia Fisher</i> | | Date: 2/20/04 | | Daytime Phone # | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |