


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90036 034 ****61.25

DOCUMENT # 771051 1. Entity Name EL VIENTO AT BOCA POINTE MAINTENANCE ASSOCIATION, INC.			
Principal Place of Business C/O A & N MANAGEMENT, INC. 902 CLINT MOORE RD. #110 BOCA RATON, FL 33487 US		Mailing Address C/O A & N MANAGEMENT, INC. 902 CLINT MOORE RD. #110 BOCA RATON, FL 33487 US	
2. Principal Place of Business - No P.O. Box # C/O BARBARA ROSENBAUM Suite, Apt. #, etc. 7858 GRANADA PLACE #402 City & State BOCA RATON FL Zip 33433		3. Mailing Address C/O B. ROSENBAUM, SECRETARY Suite, Apt. #, etc. 7858 GRANADA PLACE #402 City & State BOCA RATON FL Zip 33433	
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		04142008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent RUBINSTEIN, ROBERT C/O BECKER E. POLIAKOFF, P.A. 3111 STIRLING RD. FT. LAUD., FL 33310		7. Name and Address of New Registered Agent Name JAMES JAROSZ, PRESIDENT Street Address (P.O. Box Number is Not Acceptable) C/O B. ROSENBAUM, SECRETARY 7858 GRANADA PLACE #402 City BOCA RATON FL Zip Code 33433	
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 <u>James M. Jarosz</u> PRESIDENT (JAMES M. JAROSZ) APRIL 15, 2008 <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2008		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 P <input type="checkbox"/> Delete NAME JAROSZ, JAMES STREET ADDRESS 7882 GRANADA PLACE CITY-ST-ZIP BOCA RATON, FL 33433	TITLE T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME ANNE SMITH STREET ADDRESS 7920 SEVILLE PLACE #1902 CITY-ST-ZIP BOCA RATON FL 33433		
TITLE VP <input checked="" type="checkbox"/> Delete NAME LOVAR, LETTY STREET ADDRESS 7896 SEVILLE PLACE #1508 CITY-ST-ZIP BOCA RATON, FL 33433	TITLE VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME ROBERTA PHEIFER STREET ADDRESS 7920 SEVILLE PLACE #1903 CITY-ST-ZIP BOCA RATON FL 33433		
TITLE T <input type="checkbox"/> Delete NAME HOFFMAN, RICHARD STREET ADDRESS 7930 GRANADA PLACE #304 CITY-ST-ZIP BOCA RATON, FL 33433	TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE S <input type="checkbox"/> Delete NAME ROSENBAUM, BARBARA STREET ADDRESS 7858 GRANADA PLACE #402 CITY-ST-ZIP BOCA RATON, FL 33433	TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME STANLEY BERMAN STREET ADDRESS 7932 SEVILLE PLACE #2104 CITY-ST-ZIP BOCA RATON FL 33433		
TITLE D <input type="checkbox"/> Delete NAME MILRAD, ELAINE STREET ADDRESS 7918 GRANADA PLACE #101 CITY-ST-ZIP BOCA RATON, FL 33433	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE D <input checked="" type="checkbox"/> Delete NAME TOBAK, LEE H STREET ADDRESS 7858 GRANADA PLACE #404 CITY-ST-ZIP BOCA RATON, FL 33433	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>James M. Jarosz</u> PRESIDENT JAMES M. JAROSZ 4/15/08 978-549-4568 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			