


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90056 036 ****61.25

DOCUMENT # N09765					
1. Entity Name EL VIENTO AT BOCA POINTE CONDOMINIUM ASSOCIATION NO. 2, INC.					
Principal Place of Business 7932 SEVILLE PL #2101 BOCA RATON, FL 33433 US			Mailing Address 500 NE SPANISH RIVER BLVD SUITE 18 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 59-2646214		Applied For Not Applicable			
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		
ERNEST W WILLIS C/O BEACON PROPERTY MGMT. 500 NE SPANISH RIVER BLVD #18 BOCA RATON, FL 33431			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISS, ELAINE			NAME	
STREET ADDRESS	7932 SEVILLE PL #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	WEBER, BARBRA			NAME	
STREET ADDRESS	7926 SEVILLE PL. #2001			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	EHRENTREU, LOWELL			NAME	
STREET ADDRESS	7926 SEVILLE PL #2004			STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33433			CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIBBS, ALLISON			NAME	
STREET ADDRESS	7908 SEVILLE PL #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	EISMAN, STANLEY			NAME	
STREET ADDRESS	523 CAMBRIDGE RD			STREET ADDRESS	
CITY-ST-ZIP	BALA CYNWYD, PA 19004			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, ANN			NAME	
STREET ADDRESS	7920 SEVILLE PL #1902			STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33433			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: <u>Elaine Weiss</u>				Date: <u>2/24/04</u> Daytime Phone #: <u>561-338-9431</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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