

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 771051

**FILED**  
**Feb 15, 2017**  
**Secretary of State**  
**CC8061521205**

**Entity Name:** EL VIENTO AT BOCA POINTE MAINTENANCE ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O MILLER REALTY MANAGEMENT LLC  
6352 SHADOW CREEK VILLAGE CIRCLE  
LAKE WORTH, FL 33463

**Current Mailing Address:**

C/O MILLER REALTY MANAGEMENT LLC  
PO BOX 541133  
LAKE WORTH, FL 33454 US

**FEI Number: 59-2384017**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MILLER REALTY MANAGEMENT LLC  
6352 SHADOW CREEK VILLAGE CIRCLE  
LAKE WORTH, FL 33463 US

*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.*

**SIGNATURE: DEBRA MILLER, LCAM**

**02/15/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            BERMAN, STANLEY  
Address        C/O MILLER REALTY MANAGEMENT  
                  LLC  
                  PO BOX 541133  
City-State-Zip: LAKE WORTH FL 33454

Title            DIRECTOR  
Name            KAREL, DONALD  
Address        C/O MILLER REALTY MANAGEMENT  
                  LLC  
                  PO BOX 541133  
City-State-Zip: LAKE WORTH FL 33454

Title            VP, DIRECTOR  
Name            PHEIFER, ROBERTA  
Address        C/O MILLER REALTY MANAGEMENT  
                  LLC  
                  PO BOX 541133  
City-State-Zip: LAKE WORTH FL 33454

Title            SECRETARY, DIRECTOR  
Name            KRAISMAN, PATRICIA  
Address        C/O MILLER REALTY MANAGEMENT  
                  LLC  
                  PO BOX 541133  
City-State-Zip: LAKE WORTH FL 33454

Title            TREASURER, DIRECTOR  
Name            FORBES, JOHN  
Address        C/O MILLER REALTY MANAGEMENT  
                  LLC  
                  PO BOX 541133  
City-State-Zip: LAKE WORTH FL 33454

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: STANLEY BERMAN**

**PRESIDENT**

**02/15/2017**

Electronic Signature of Signing Officer/Director Detail

Date