

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 771051

FILED
Mar 18, 2021
Secretary of State
5972787688CC

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

Current Principal Place of Business:

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

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

03/18/2021

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 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

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

Title DIRECTOR
Name EHRENTREU, MICHEL
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

03/18/2021

