

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 10 PM 1:59

DOCUMENT # **770513** (0)

1. Corporation Name

**EL VIENTO AT BOCA POINTE CONDOMINIUM ASSOCIATION
NO.1, INC.**

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

C/O BEACON PROPERTY MGMT
ONE N OCEAN BLVD., SUITE 7
BOCA RATON FL 33432

C/O BEACON PROPERTY MGMT
ONE N OCEAN BLVD., SUITE 7
BOCA RATON FL 33432

3. Date Incorporated or Qualified

3a. Date of Last Report

09/30/1983

04/28/1994

4. FEI Number

Applied For

59-2384010

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

\$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BEACON PROPERTY MANAGEMENT, INC
ONE N OCEAN BLVD., SUITE 7
BOCA RATON FL 33432

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinitiating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MILES, KATHY
STREET ADDRESS 7900 GRANADA PL. #1103
CITY-ST-ZIP BOCA RATON FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ~~SD~~
NAME TUCKER, JACQUELINE
STREET ADDRESS 7830 GRANADA PLACE, #301
CITY-ST-ZIP BOCA RATON FL

2.1 TITLE Change Addition
2.2 NAME Iris Gorden
2.3 STREET ADDRESS 7930 Granda Place #301
2.4 CITY-ST-ZIP Boca Raton, Fl.

TITLE TD
NAME FISHER, SYLVIA
STREET ADDRESS 7884 GRANADA PL
CITY-ST-ZIP BOCA RATON FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME BERGER, HENRY
STREET ADDRESS 7884 GRANADA PL. #1003
CITY-ST-ZIP BOCA RATON FL

4.1 TITLE Change Addition
4.2 NAME V.D.
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME GINSBERG, PETER
STREET ADDRESS 7908 GRANADA PLACE, #1204
CITY-ST-ZIP BOCA RATON FL

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Catherine Miles, President* 4/4/95 407-750-0040