1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 770513**

1. Corporation Name

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

Principal Place of Business 7918 GRANADA PLACE **BOCA RATON FL 33432** 

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

500 NE SPANISH RIVER BLVD **STE 18** 

**BOCA RATON FL 33431** 

26

27.

## FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90157 016 \*\*\*\*61.25

|--|--|--|

3. Date Incorporated or Qualifed

09/30/1983

59-23840.10

4. FEI Number

City & Stat	e	City & State			5. Certifcate of Status Desired		40.73 A		
23		28			Fee Re		:quired		
Zip	Country	Zip	Country	/	6. Election Campaign Financing	□ .	\$5.00	•	
24	25 29 30				Trust Fund Contribution Added to Fees				
	9. Name and Address of Current I	Registered Agent		_	10. Name and Address of New R	egistered A	Agent		
			81	Name					
WILLIS, EI			82	Street Add	dress (P.O. Box Number is Not Accepta	ble)			
BEACON	PROPERTY MGMT.		83					<del></del> .	
500 NE S	PANISH RIVER BLVD #18		63	1					
BOCA RA	TON FL 33431		84	City	· · · · · · · · · · · · · · · · · · ·	FL	85 Zip C	ebo	
11 Pursuant	to the provisions of Sections 617.0502	and 617 1508. Florida Statutes	s, the abov	e-named cor	poration submits this statement for the	nurpose of	changing its	registered	
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Such change was auf	thorized by	the corporat	ion's board of directors. I hereby accep	t the appoin	itment as reg	jistered	
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: F	Registered Age	nt signature requi	red when reinstating)	DATE			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OF	ICERS AN	D DIRECTO	_	
TITLE	PD	☐ DELETE	1.1 TITLE				Change	Addition	
NAME	MILES, KATHY		1.2 NAME						
STREET ADDRESS	7900 GRANADA PL. #1103		1.3 STREE	T ADDRESS					
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-S	ST-ZIP					
TITLE	SD	☐ DELETE	2.1 TITLE				Change	☐ Addition	
NAME	BORTNICK, MARION	•	2.2 NAME						
STREET ADDRESS	7864 GRANADA PL #504	,	2.3 STREE	TADDRESS					
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-	ST-ZIP					
TITLE	TD	☐ DELETE	3.1 TITLE				Change	☐ Addition	
NAME	FISHER, SYLVIA		3.2 NAME						
STREET ADDRESS	7894 GRANADA PL	<i>}</i>	3.3 STREE	TADDRESS					
CITY-ST-ZIP	BOCA RATON FL		3.4. CITY-	ST-ZIP					
TITLE	D	☐ DELETE	4,1 TITLE				Change	Addition Addition	
NAME	TESSLER, MERYL		4.2 NAME						
STREET ADDRESS	7900 GRANADA PL #1104		4.3 STREE	TADDRESS					
CITY-ST-ZIP	BOCA RATON FL		4.4 CITY-5	ST-ZIP	<del></del>				
TITLE	VD	☐ DELETE	5.1 TITLE				☐ Change	Addition	
NAME	BEAN, RANDY		5.2 NAME						
STREET ADDRESS	7870 GRANADA PLACE, #602		5.3 STREE	T ADDRESS					
CITY-ST-ZIP	BOCA RATON FL		5.4 CITY-5	ST-ZIP					
TITLE		☐ DELETE	6.1 TITLE				Change	Addition	
NAME ·			6.2 NAME						
STREET ADDRESS	}.		6.3 STREE	TADORESS					
CITY-ST-ZIP			6.4 CITY-5						
14. I hereby	certify that the information supplied with	this filing does not qualify for	the exempt	tion stated in	Section 119.07(3)(i), Florida Statutes.	further cert	tiry that the ir	normation	

indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same logar effect as it made and that my 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, with all other like empowered.

SIGNATURE:

394-0196

Applied For

\$8.75 Additional

Not Applicable