

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90089 003 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

**DOCUMENT # 770513**  
 1. Entity Name  
**EL VIENTO AT BOCA POINTE CONDOMINIUM ASSOCIATION**

|  |  |
|--|--|
| Principal Place of Business<br>7918 GRANADA PLACE<br>BOCA RATON FL 33432<br>US | Mailing Address<br>500 NE SPANISH RIVER BLVD<br>STE 18<br>BOCA RATON FL 33431-4516<br>US |
| 2. Principal Place of Business   | 3. Mailing Address   |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.  |
| City & State   | City & State   |
| Zip Country  | Zip Country  |

4. FEI Number **59-2384010** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><b>WILLIS, ERNEST W.<br/>BEACON PROPERTY MGMT.<br/>500 NE SPANISH RIVER BLVD #18<br/>BOCA RATON FL 33431</b> | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City <b>FL</b> 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.

SIGNATURE Ernest W. Willis 4/6  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

|                                     |   |  |
|-------------------------------------|---|--|
| <b>FILE NOW:<br/>FEE IS \$61.25</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees | <b>Make Check Payable to Department of State</b> |
|-------------------------------------|---|--|

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD</b><br><b>MILES, KATHY</b><br><b>7900 GRANADA PL. #1103</b><br><b>BOCA RATON FL</b>   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SD</b><br><b>BORTNICK, MARION</b><br><b>7864 GRANADA PL #504</b><br><b>BOCA RATON FL</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TD</b><br><b>FISHER, SYLVIA</b><br><b>7894 GRANADA PL</b><br><b>BOCA RATON FL</b>        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>TESSLER, MERYL</b><br><b>7900 GRANADA PL #1104</b><br><b>BOCA RATON FL</b>   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VD</b><br><b>BEAN, RANDY</b><br><b>7870 GRANADA PLACE, #602</b><br><b>BOCA RATON FL</b>  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Catherine Miles  
**SIGNATURE REQUIRED** 4/6/00 394-0196

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR12E037 (9/99)