


2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

05 MAY 11 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 770513 1. Entity Name EL VIENTO AT BOCA POINTE CONDOMINIUM ASSOCIATION NO.1, INC.			
Principal Place of Business 7876 GRANADA PLACE 703 BOCA RATON, FL 33432 US		Mailing Address 500 NE SPANISH RIVER BLVD STE 18 BOCA RATON, FL 33431 US	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address <i>C/O A+M MANAGEMENT, INC</i> Suite, Apt. #, etc. <i>4113 Congress Ave #220</i> City & State <i>Boca Raton, FL</i> Zip <i>33487</i>	
		4. FEI Number 59-2384010	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIS, ERNEST W. BEACON PROPERTY MGMT. 500 NE SPANISH RIVER BLVD #18 BOCA RATON, FL 33431		7. Name and Address of New Registered Agent Name <i>LARRY SCHEI</i> Street Address (P.O. Box Number is Not Acceptable) <i>750 S. PINE HILL</i> City <i>Boca Raton</i> FL Zip Code <i>33432</i>	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<i>LARRY E. SCHMIDT</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
		DATE <i>April 30, 2005</i>	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete SMITH, NORMA 7924 GRANADA PLACE #201 BOCA RATON, FL 33433	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>DIR</i> BERNICE BAROWAY 1876 GRANADA PL #703 BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete DERIVERA, LINDA 7906 CORANADA PL #1202 BOCA RATON, FL 33433	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500054867815 05/18/05 01001 010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Delete JOHNSON, RUSSELL 7864 CORANADA PL #502 BOCA RATON, FL 33433	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Delete BERLINER, RUTH 7906 CORANADA PL #1201 BOCA RATON, FL 33433	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: <i>Bernice Baroway, Director</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <i>4/26/05</i>	