


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90027 035 ****61.25

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
 C/O A & N MANAGEMENT, INC.
 6413 CONGRESS AVE, #220
 BOCA RATON, FL 33487 US

50007190



2. Principal Place of Business
 Suite, Apt. #, etc.
 11784 W. Sample Rd
 City & State
 Coral Springs
 Zip
 33065
 Country
 Bwd

3. Mailing Address
 Suite, Apt. #, etc.
 11784 W. Sample Rd
 City & State
 Coral Springs
 Zip
 33065
 Country
 Bwd

03162006 Chg-NP CR2E037 (11/05)

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
 SCHNER, LARRY
 750 S DIXIE HWY
 BOCA RATON, FL 33432

7. Name and Address of New Registered Agent
 Name: United Community Management
 Street Address (P.O. Box Number is Not Acceptable):
 11784 W. Sample Rd
 City: Coral Springs FL Zip Code: 33065

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: Renee Kattaras V.P. Finance United Comm Mgmt DATE: 3/16/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. \$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 SMITH, NORMA 7924 GRANADA PLACE #201 BOCA RATON, FL 33433 <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	PD DERIVERA, LINDA 7906 CORANADA PL #1202 BOCA RATON, FL 33433 <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	VD JOHNSON, RUSSELL 7864 CORANADA PL #502 BOCA RATON, FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BERLINER, RUTH 7906 CORANADA PL #1201 BOCA RATON, FL 33433 <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	D BAROWAY, BERNICE 7876 GRANADA PL #703 BOCA RATON, FL 33433 <input checked="" 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 checked="" type="checkbox"/> Addition
		VP Maureen Jarose 79 Grove Ave Leominster MA 01453	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Linda DeFries DATE: 3-21-06 561-394-6422
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #