


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90092 040 \*\*\*\*61.25

<b>DOCUMENT # 770513</b> 1. Entity Name EL VIENTO AT BOCA POINTE CONDOMINIUM ASSOCIATION NO.1, INC.	
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Principal Place of Business RESIDENTIAL MGMT CONCEPTS 778 S MILITARY TRAIL DEERFIELD BEACH, FL 33442 US	Mailing Address PO BOX 97 0069 BOCA RATON, FL 33497 US
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**DO NOT WRITE IN THIS SPACE**



03282008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2384010	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

PALOMBI, GARY  
 778 S MILITARY TRAIL  
 DEERFIELD BEACH, FL 33442

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOFFMAN, RICHARD 7930 GRANADA PL #304 BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROSENSAFT, BEATRICE 7924 GRANADA PL #202 BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROSENBLUM, BARBARA 7858 GRANDADA PL #402 BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JAROSZ, JAMES 7882 GRANADA PL #803 BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILRAD, ELAINE 7900 GRANADA PL #1103 BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:** *James M. Jarosz* **JAMES M. JAROSZ** **4/14/08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #