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Mar 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **739094** (1)

ADVENTURA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business	Mailing Address
975 MARIGOLD LANE VERO BCH FL 32963	975 MARIGOLD LANE VERO BCH FL 32963

3. Date Incorporated or Qualified	05/18/1977
4. FEI Number	59-2396008
Applied For	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Country	29 Zip
25 Country	30 Country

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	
KRESSLY MAURICE E II 2922 1/2 EAST JEFFERSON STREET ORLANDO FL 32803	

10. Name and Address of New Registered Agent	
81 Name	MARY B. MAYS
82 Street Address (P.O. Box Number is Not Acceptable)	539 CAMELIA LANE
83 City	VERO BEACH FL
84 Zip Code	32963

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: MARY B. MAYS DATE: 2/9/98

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D KRESSLY II, MAURICE E.
STREET ADDRESS	2922 1/2 E JEFFERSON ST
CITY-ST-ZIP	ORLANDO FL
TITLE	<input type="checkbox"/> DELETE
NAME	D KENNEDY, HUGH R
STREET ADDRESS	975 MARIGOLD LANE, UNIT #4
CITY-ST-ZIP	VERO BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	TD MAYS, MARY BARBARA
STREET ADDRESS	539 CAMELIA LANE
CITY-ST-ZIP	VERO BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	DS KENNEDY, RUTH S
STREET ADDRESS	975 MARIGOLD LANE, UNIT #4
CITY-ST-ZIP	VERO BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	D BRYANT, CAMILLA
STREET ADDRESS	12,220 WEST OHIO
CITY-ST-ZIP	WEST ALLIS WI
TITLE	<input type="checkbox"/> DELETE
NAME	D BRYANT, WILLIAM
STREET ADDRESS	12,220 WEST OHIO
CITY-ST-ZIP	WEST ALLIS WI

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PRESIDENT
1.3 STREET ADDRESS	NEAL A. MCHUGH
1.4 CITY-ST-ZIP	1320 3RD AVE, UNIT #208 VERO BEACH, FL 32960
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DIRECTOR
2.3 STREET ADDRESS	MRS. EDNA KPHAM
2.4 CITY-ST-ZIP	975 MARIGOLD LANE, UNIT #206 VERO BEACH, FL 32960
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DIRECTOR
3.3 STREET ADDRESS	RON VIRGILIO
3.4 CITY-ST-ZIP	20 TENBY SHORE DRIVE VOORHEES, N.J. 08043
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DIRECTOR
4.3 STREET ADDRESS	LANA VIRGILIO
4.4 CITY-ST-ZIP	20 TENBY SHORE DRIVE VOORHEES, N.J. 08043
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: MARY B. MAYS DATE: 2/9/98 561-231-3402

CR2E037 (10/97)