


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90296 022 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 739094**

1. Corporation Name

**ADVENTURA CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

975 MARIGOLD LANE  
 VERO BCH FL 32963

Mailing Address

975 MARIGOLD LANE  
 VERO BCH FL 32963



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	05/18/1977
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-2396008
24 Country	30 Country	Applied For
		Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

MARY B MAYS

~~539 CAMELIA LN~~  
 VERO BCH FL 32963

Mr. & Mrs. Carl F. Mays  
 P.O. Box 3955  
 Vero Beach, FL 32964

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KRESSLY II., MAURICE E.	1.2 NAME	PEARL A. McHUGH
STREET ADDRESS	2922 1/2 E JEFFERSON ST	1.3 STREET ADDRESS	1320 3RD AVE, UNIT 208
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	VERO BEACH, FL 32960
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	MRS. EDNA UPHAM <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNEDY, HUGH R	2.2 NAME	975 MARIGOLD LN. UNIT 206
STREET ADDRESS	975 MARIGOLD LANE, UNIT #4	2.3 STREET ADDRESS	VERO BEACH, FL 32960
CITY-ST-ZIP	VERO BEACH FL	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	DIRECTOR, RON VIRGILIO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAYS, MARY BARBARA	3.2 NAME	20 TENBY SHORE DRIVE
STREET ADDRESS	539 CAMELIA LANE	3.3 STREET ADDRESS	VOORHEES, N.J. 08043
CITY-ST-ZIP	VERO BEACH FL	3.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	4.1 TITLE	DIRECTOR & LANA VIRGILIO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KENNEDY, RUTH S	4.2 NAME	20 TENBY SHORE DRIVE
STREET ADDRESS	975 MARIGOLD LANE, UNIT #4	4.3 STREET ADDRESS	VOORHEES, N.J. 08043
CITY-ST-ZIP	VERO BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	BRYANT, CAMILLA	5.2 NAME	
STREET ADDRESS	12,220 WEST OHIO	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST ALLIS WI	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	BRYANT, WILLIAM	6.2 NAME	
STREET ADDRESS	12,220 WEST OHIO	6.3 STREET ADDRESS	
CITY-ST-ZIP	WEST ALLIS WI	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, with all other like empowered.

SIGNATURE:

*Mary B Mays*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)