

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739094

1. Entity Name

ADVENTURA CONDOMINIUM ASSOCIATION, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90008 027 ****61.25

Principal Place of Business

975 MARIGOLD LANE
VERO BCH FL 32963

Mailing Address

975 MARIGOLD LANE #4
VERO BCH FL 32963-2240

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2396008

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARY B MAYS
539 CAMELIA LN
VERO BCH FL 32963

Name

HUGH R. KENNEDY

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

975 MARIGOLD LN #4

City

VERO BEACH

FL

Zip Code
32963

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.

SIGNATURE

HUGH R. KENNEDY TREASURER

[Signature]

4/20/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Delete
NAME KRESSLY II, MAURICE E.
STREET ADDRESS 2922 1/2 E JEFFERSON ST
CITY-ST-ZIP ORLANDO FL DECEASED

TITLE DIRECTOR ☐ Change ☒ Addition
NAME NEAL MC HUGH
STREET ADDRESS P.O. Box 3952
CITY-ST-ZIP VERO BEACH, FL 32964

TITLE D ☐ Delete
NAME KENNEDY, HUGH R
STREET ADDRESS 975 MARIGOLD LANE, UNIT #4
CITY-ST-ZIP VERO BEACH FL

TITLE DIRECTOR ☐ Change ☒ Addition
NAME EDNA UPHAM
STREET ADDRESS PO BOX 3744
CITY-ST-ZIP VERO BEACH, FL 32964

TITLE D ☐ Delete
NAME MAYS, MARY BARBARA
STREET ADDRESS 539 CAMELIA LANE
CITY-ST-ZIP VERO BEACH FL 13A RIMINI ST
GALY 304, RHODES
GREVILLE, BS101

TITLE DIRECTOR ☐ Change ☒ Addition
NAME RON VIRGILIO
STREET ADDRESS 9 WINDING WAY
CITY-ST-ZIP BERLIN, N.S. 08009

TITLE D ☒ Delete
NAME KENNEDY, RUTH S
STREET ADDRESS 975 MARIGOLD LANE, UNIT #4
CITY-ST-ZIP VERO BEACH FL DECEASED

TITLE DIRECTOR ☐ Change ☒ Addition
NAME LANA VIRGILIO
STREET ADDRESS 9 WINDING WAY
CITY-ST-ZIP BERLIN, NJ 08009

TITLE D ☐ Delete
NAME BRYANT, CAMILLA
STREET ADDRESS 12,220 WEST OHIO
CITY-ST-ZIP WEST ALLIS WI SECRETARY

TITLE DIRECTOR ☐ Change ☒ Addition
NAME DOROTHY H KENNEDY
STREET ADDRESS 975 MARIGOLD LN #4
CITY-ST-ZIP VERO BEACH, FL 32963

TITLE D ☐ Delete
NAME BRYANT, WILLIAM
STREET ADDRESS 12,220 WEST OHIO
CITY-ST-ZIP WEST ALLIS WI PRESIDENT

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
HUGH R. KENNEDY

4/20/00 (561) 234-5679

Date

Daytime Phone #

CR2E037 (9/99)