


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 739094</b> 1. Entity Name ADVENTURA CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 975 MARIGOLD LANE VERO BCH, FL 32963	Mailing Address 975 MARIGOLD LANE # 3 VERO BCH, FL 32963
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**DO NOT WRITE IN THIS SPACE**



04012005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2396008	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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5. Name and Address of Current Registered Agent  MCHUGH, NEAL A 975 MARIGOLD LN # 3 VERO BEACH, FL 32963	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAYS, MARY BARBARA PO BOX 3955 VERO BEACH, FL 32964
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KENNEDY, HUGH R 975 MARIGOLD LANE, UNIT #4 VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCHUGH, NEAL A 975 MARIGOLD LN # 3 VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BRYANT, WILLIAM 12,220 WEST OHIO WEST ALLIS, WI 53227
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VIRGILIO, RON OR LANA 9 WINDING WAY BERLIN, NJ 08009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCHUGH, JAMES A 4901 88TH ST EAST BRADENTON, FL 34211

UN00000300092  
04/12/05-80007-007 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 817, 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:** Neal A. McHugh 4-5-05 772-234-4903  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #