


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90090 015 ****61.25

DOCUMENT # 739094 1. Entity Name ADVENTURA CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 975 MARIGOLD LANE VERO BCH, FL 32963			Mailing Address 975 MARIGOLD LANE # 3 VERO BCH, FL 32963		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2396008	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCHUGH, NEAL A 975 MARIGOLD LN # 3 VERO BEACH, FL 32963			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reconstituting)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MAYS, MARY BARBARA		NAME	MARY BARBARA OR CARL MAYS	
STREET ADDRESS	PO BOX 3955		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32964		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KENNEDY, HUGH R		NAME		
STREET ADDRESS	975 MARIGOLD LANE, UNIT #4		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32960		CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCHUGH, NEAL A		NAME		
STREET ADDRESS	975 MARIGOLD LN # 3		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32963		CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRYANT, WILLIAM		NAME	D WILLIAM OR CATHY BRYANT	
STREET ADDRESS	12,220 WEST OHIO		STREET ADDRESS	101 YUMA TRAIL	
CITY-ST-ZIP	WEST ALLIS, WI 53227		CITY-ST-ZIP	GREENSBURG, IN 47240	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	VIRILIO, RON OR LANA		NAME	DS	
STREET ADDRESS	69 SHELLY ST		STREET ADDRESS		
CITY-ST-ZIP	ERIAL, NJ 08081		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCHUGH, JAMES A		NAME		
STREET ADDRESS	4901 88TH ST EAST		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34211		CITY-ST-ZIP		
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: <i>NEAL MCHUGH</i>			<i>NEAL MCHUGH</i> PRESIDENT		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 4-12-07 Daytime Phone #: 772 234-4903		