## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # 739094



## **FILED** Aug 14, 2003 8:00 am Secretary of State

ADVENTU	RA CONDOMINIUM AS:	SOCIATION, INC.				08-14-2003 90074	033 ****61.	.25	
Principal Place of Business 975 MARIGOLD LANE VERO BCH FL 32963		Mailing Address 975 MARIGOLD LANE VERO BCH FL 32963	975 MARIGOLD LANE						
Principal Place of Business     3. Mailing Address									
Suite, Apt. #, etc. Suite, Apt. #, 4			С.		CHECK HERE IF MAKING CHANGES				
. City & State City & State			······································		4. FEI Number	59-2396008	. —	oplied For ot Applicable	
Zip	Country Zip		Countr	у	5. Certificate of Status Desired S8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
				Name NEAL A. MCHUGH					
KENNEDY, HUGH R 975 MARIGOLD LANE # 4				Stroet Address (P.O. Box Nurpher is Not Acceptable) #3					
VERO BCH FL 32963				VERO	BEACH				
· · · · · · · · · · · · · · · · · · ·				City		F	L Zio Cod	63	
	named entity submits this state ions of registered agent.	ment for the purpose of changing its	registered	office or register	red agent, or both, i	n the State of Florida. I a	m familiar with,	and accept	
SIGNATURE FOR SIGNATURE Signapure, typed or printed name of registered agent and type if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
	FILE NOW: FEE IS \$61.2 ember 10, 2003, min will				\$5.00 May Be Added to Fees	Florida Dep		State	
10.		AND DIRECTORS	11.			GES TO OFFICERS AND			
	D	Delete Delete	TITLE	Ron	N & LANA	VIRGILIO	Change Change	Addition	
NAME	MAYS, MARY BARBARA	AND CARL	NAME			WAYEL		or	
STREET ADDRESS CITY-ST-ZIP	PO BOX 3955 VERO BEACH FL 32964		STREET A	DORESS BE	RLIN, 1	15 0800	<b>à</b>	1	
TITLE	D	Delete Delete	TITLE	JAr	MES A M	CHUGH	. Change		
NAME	KENNEDY, HUGH R AN		NAME	975	5 MARCIGO		DIREC	TOR	
STREET ADDRESS CITY-ST-ZIP	975 Marigold L'ane, 'uni   Vero Beach Fl 32960	TREASURER	STREET A	-ZIP	20 BEACH	17 FCA 349	63		
TITLE	TO.	<b>⊠</b> Delete	TITLE			<del></del>	☐ Change	☐ Addition	
NAME	MAYS, MARY BARBARA		NAME						
STREET ADDRESS	539 CAMERIA LANE	•	STREET A						
CITY-ST-ZIP	VERO BEACH FL		CITY-ST-	-ZIP	<del></del>				
TITLE	D NEAL	☐ Delete	TITLE				Change	Addition	
NAME STREET ADDRESS	MC HUGH, NEIL A 975 MARAGOLD LN. ≥ 5	<b>*</b> 3	NAME STREET A	DOBESS					
CITY-ST-ZIP	VERO BEACH FL 32963	PRESIDENT	CITY-ST-	l l					
TIT! 5	ח		TITLE		· <del></del> -		☐ Change	Addition	
NAME	BRYANT, CAMILLA AND	WILLIAM	NAME				Strainge		
STREET ADDRESS	12,220 WEST OHIO	•	STREET A	DDRESS					
CITY-ST-ZIP	WEST ALLIS WI		CITY-ST-	ZIP		·			
	D	☐ Delete	TITLE				☐ Change	Addition	
NAME	BRYANT, WILLIAM		NAME					i	

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 eath; 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 all other like empowered

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS 12,220 WEST OHIO

WEST ALLIS WI

8-12-03

772-234-4903