

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

09-08-2003 90324 010 \*\*\*\*61.25  
FILE 739094

DOCUMENT # 739094

1. Entity Name  
ADVENTURA CONDOMINIUM ASSOCIATION, INC.



03 SEP 12 PM 12:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

808-53<sup>RD</sup> AVE E

19 A

BRADENTON

34203

MANATEE

4. FEI Number 59-2396008

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

KENNEDY, HUGH R  
975 MARIGOLD LANE # 4  
VERO BCH FL 32963

7. Name and Address of New Registered Agent

Name

KENNEDY, HUGH R.

Street Address (P.O. Box Number is not acceptable)

808-53<sup>RD</sup> AVE E 19 A

City

BRADENTON

FL

Zip Code

34203

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

*[Signature]*

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  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	MAYS, MARY BARBARA	PO BOX 3955	VERO BEACH FL 32964	
D	KENNEDY, HUGH R	975 MARIGOLD LANE, UNIT #4	VERO BEACH FL 32980	
TD	MAYS, MARY BARBARA	539 CAMELIA LANE	VERO BEACH FL	<input checked="" type="checkbox"/> Delete
D	MC HUGH, NEIL A	975 MARAGOLD LN #5	VERO BEACH FL 32963	
D	BRYANT, CAMILLA	12,220 WEST OHIO	WEST ALLIS WI	
D	BRYANT, WILLIAM	12,220 WEST OHIO	WEST ALLIS WI	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)