

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90077 044 ****61.25

DOCUMENT # N03000002274

1. Entity Name
ADAGIO COMMUNITY ASSOCIATION, INC.



Principal Place of Business
2421 COUNTY HIGHWAY 30-A
SANTA ROSA BEACH, FL 32459

Mailing Address
2421 COUNTY HIGHWAY 30-A
SANTA ROSA BEACH, FL 32459

2. Principal Place of Business

3. Mailing Address

P.O. Box 4703

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Santa Rosa Beach FL

Zip

Country

Zip
32459-4703

Country

Walton

01102005

Chg-NP

CR2E037 (10/03)

4. FEI Number
20-1412069

Applied For
Not Applicable

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

BURKE, LES W
221 MCKENZIE AVENUE
PANAMA CITY BEACH, FL 32401

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME SPRENKLE, JASON
STREET ADDRESS 2421 COUNTY HIGHWAY 30-A
CITY-ST-ZIP SANTA ROSA BEACH, FL 32459

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

TITLE VD ☐ Delete
NAME TEW, MARILYN
STREET ADDRESS 2421 COUNTY HIGHWAY 30-A
CITY-ST-ZIP SANTA ROSA BEACH, FL 32459

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

TITLE STD ☐ Delete
NAME MCCARTHY, PATRICK
STREET ADDRESS 2421 COUNTY HIGHWAY 30-A
CITY-ST-ZIP SANTA ROSA BEACH, FL 32459

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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)(j), 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:

Patrick K. McCarthy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary, 1-10-05

850-832-8039

Date

Daytime Phone #