FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 JUL 12 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE.

DOCUMENT # N39504 Amended

1. Corporation Name

ADAGIO AT THE HAMMOCKS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
815 N. Red Road Suite 400 Miami, FL 33126	111 Fontainebleau Blvd. Miami, FL 33172

3. Date Incorporated or Qualified | 3a. Date of Last Report

2. Principal Place of Business
21 815 N Red Rd., Ste. 400
Suite, Apt. #, etc.
22 Suite #400
City & State
23 Miami, FL
Zip 24 33126 County 25 DADE

2a. Mailing Address
26 111 Fontainebleau Blvd.
Suite, Apt. #, etc.
27 --
City & State
28 Miami, FL
Zip 29 33172 County 30 DADE

4. FEI Number 65-0275322 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

*Leslie Smith
815 N Red Road, Suite #400
Miami, FL 33126

10. Name and Address of New Registered Agent

61 Name SHARMAN Killiaw Rep. Agent.
62 Street Address (P.O. Box Number is Not Acceptable) 111 Fontainebleau Blvd.
63
64 City Miami FL 65 Zip Code 33172

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Sharman Killiaw 7/8/95
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~President - D~~	11 TITLE	P D	☒ Change ☐ Addition
NAME	~~Leslie Smith~~	12 NAME	Randall Walley	
STREET ADDRESS	~~815 N Red Road, Suite #400~~	13 STREET ADDRESS	11537 SW 149 Path	
CITY-ST-ZIP	~~Miami, FL 33126~~	14 CITY-ST-ZIP	Miami, FL 33196	
TITLE	~~Vice President - D~~	21 TITLE	VP D	☒ Change ☐ Addition
NAME	~~John McCoskrie~~	22 NAME	Patrick P. Perry	
STREET ADDRESS	~~815 N Red Road, Suite #400~~	23 STREET ADDRESS	11480 SW 148 Ct.	
CITY-ST-ZIP	~~Miami, FL 33126~~	24 CITY-ST-ZIP	Miami, FL 33196	
TITLE	~~Secretary/Treasurer - D~~	31 TITLE	T D	☒ Change ☐ Addition
NAME	~~Iris McCloskey~~	32 NAME	Jose A. Postigo	
STREET ADDRESS	~~815 N Red Road, Suite #400~~	33 STREET ADDRESS	11475 SW 148 Path	
CITY-ST-ZIP	~~Miami, FL 33126~~	34 CITY-ST-ZIP	Miami, FL 33196	
TITLE		41 TITLE	S D	☒ Change ☐ Addition
NAME		42 NAME	Lillian Otero	
STREET ADDRESS		43 STREET ADDRESS	11547 SW 149 Path	
CITY-ST-ZIP		44 CITY-ST-ZIP	Miami, FL 33196	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE	REMITTED BY MAY 1	☐ Addition
NAME		62 NAME		
STREET ADDRESS	D.S. 7/12/95	63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Randall Walley, Pres. 4/29/95 255-3736
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE FORM. IF YOU NEED ASSISTANCE, PLEASE CALL THE ANNUAL REPORT SECTION AT (904) 487-6056.

FILING FEE $200.00	ANNUAL REPORT $61.25 + $138.75 CORPORATION SUPPLEMENTAL FEE MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

Reminder:

1. Changes in addresses, officers and registered agent must be typed or printed in ink and legible.
2. Include information in Blocks 3 and 4 if not preprinted by the computer.
3. Signature of the proper officer or director as noted in instructions for Block 14.
4. Indicate liability for intangible tax under s. 199.032, Florida Statutes, in Block 8.
5. Submit with total amount due in the form of a separate check for each filing. (Payable in United States Funds through a United States Bank to Department of State.) Fee is $200.00.

Block 1. Block 1 is preprinted with the corporation's name, document number, mailing address and principal place of business as previously reported to our office. The name of corporation cannot be changed by way of this annual report.

Block 2. Enter the principal place of business if different from the mailing address, or if it has been changed from what was previously reported, in Block 2.

Block 2a. If the computer-entered mailing address in Block 1 is incorrect, enter the new mailing address in Block 2a. A Post Office Box is acceptable.

Block 3. Enter the date of incorporation or qualification with this office if Block 3 is blank.

Block 3a. Enter the file date of the last filed annual report, if applicable.

Block 4. Complete Block 4 by entering your Federal Employer Identification (FEI) number or checking in the appropriate box. If "applied for" is preprinted in Block 4, you must now provide the FEI number. For assistance with FEI numbers, call IRS at 1-800-829-1040.

Block 5. Should you desire a certificate reflecting your corporation's status after the filing of this report, check the BOX in Block 5 and include an additional $8.75 with your filing fee.

Block 6. Florida law allows for a voluntary co[illegible] of political campaigns for the offices of the Governor and members of the Cabinet. If you [illegible]

Block 8. Check the appropriate box. Please d[illegible] 1.

Block 9. The law requires that each corporat[illegible] Block 9 is incorrect, enter the correct information in Block 10. There is no additional fe[illegible]

Block 10. Enter name of new Registered Agen[illegible] service is NOT acceptable for service of process. THE CORPORATION CANNOT BE IT[illegible]

Block 11. The new registered agent must indi[illegible] bligations and this appointment by completing and signing in Block 11. No signature is[illegible] ifferent corporation, the person signing must state their position with the corporation.

Block 12. Block 12 contains the last informat[illegible] block 12, corrections or additions are to be made in block 13. If there is no change in th[illegible]

Block 13. Block 13 is for changes or additions to the existing Officers/Directors in Block 12. Changes must be typed or printed and legible. Use the following type symbols on the title line: *P=President; V=Vice President; T=Treasurer; S=Secretary; D=Director; C=Chairman; M=Managing Director. If a person holds more than one position, enter all positions, e.g., S/D; V/S; V/T/D.* NOTE: A DIRECTOR MUST BE A NATURAL PERSON 18 YEARS OF AGE OR OLDER. NOTE: If officer or director's address is confidential pursuant to Section 119.07(k), Florida Statutes, an alternate address must be provided. Officers/Directors must list street addresses. If there is no street address, enter the mailing address and "N/A".

Block 14. This report must be signed in Block 14 with an original signature by either the President, Vice President, Secretary, Treasurer or Director of the Corporation that is listed in Block 12, Block 13 if a change, or on an attachment with a street address. If the corporation is in the hands of a receiver, it must be signed by the trustee or receiver. A signature placed on an attachment in lieu of placement in Block 14 is unacceptable.

Send only 1995 Preprinted Annual Reports with stub and check to:

Division of Corporations
Annual Reports
Post Office Box 1500
Tallahassee, Florida 32302-1500
Phone Number: (904) 487-6056

Send all other filings and correspondence to this address:

Annual Reports Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Street Address (Overnight Delivery):

409 East Gaines Street
Tallahassee, Florida 32399

INFORMATION REGARDING RETURNED CHECK

If the check submitted with this report is returned by a bank for any reason, the report will be cancelled and considered not filed. The Department of State will administratively dissolve the corporation if a replacement payment with service charge and annual report are not resubmitted within the prescribed time frame.