

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N39504 (8)

1. Corporation Name

ADAGIO AT THE HAMMOCKS HOMEOWNERS ASSOCIATION, I NC.

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
08/14/1990

3a. Date of Last Report
04/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip Country

Zip Country

24

29

30

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

10. Name and Address of New Registered Agent

**KILLIAN, SHARMAN
111 FONTAINEBLEAU BLVD.
MIAMI FL 33126**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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	PD	<input checked="" type="checkbox"/> DELETE
NAME	WALLEY, RANDALL	
STREET ADDRESS	11537 SW 149 PATH	
CITY - ST - ZIP	MIAMI FL 33196	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	PERRY, PATRICK P	
STREET ADDRESS	11480 SW 148 CT.	
CITY - ST - ZIP	MIAMI FL 33196	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	POSTIGO, JOSE A	
STREET ADDRESS	11475 SW 148 PATH	
CITY - ST - ZIP	MIAMI FL 33196	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	OTERO, LILLIAN	
STREET ADDRESS	11547 SW 149 PATH	
CITY - ST - ZIP	MIAMI FL 33196	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11 TITLE	PP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Patrick Perry	
13 STREET ADDRESS	11480 SW 148 Court	
14 CITY - ST - ZIP	Miami, FL 33196	
21 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Patrick Fiore	
23 STREET ADDRESS	11455 SW 149 Ct.	
24 CITY - ST - ZIP	Miami, FL 33196	
31 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Renata De La Torre	
33 STREET ADDRESS	11482 SW 149 Path	
34 CITY - ST - ZIP	Miami, FL 33196	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
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)(k), 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 687, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature]
02/24/96 305 661-1713
Daytime Phone #

CR2E037 (12/95)