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Mar 09 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N39504 (8)

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

08/14/1990

4. FEI Number

65-0275322

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

KILLIAN, SHARMAN
111 FONTAINEBLEAU BLVD.
MIAMI FL 33126

10. Name and Address of New Registered Agent

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

Sharmar Killian

(NOTE: Registered Agent signature required when reinstating)

2-17-98

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE
NAME PERRY, PATRICK
STREET ADDRESS 11480 SW 148 COURT
CITY-ST-ZIP MIAMI FL

TITLE VPD ☐ DELETE
NAME FIORE, PATRICK
STREET ADDRESS 11455 SW 149 COURT
CITY-ST-ZIP MIAMI FL

TITLE TD ☐ DELETE
NAME DE LE TORRE, RENTA
STREET ADDRESS 11482 SW 149 PATH
CITY-ST-ZIP MIAMI FL

TITLE SD ☐ DELETE
NAME OTERO, LILLIAN
STREET ADDRESS 11547 SW 149 PATH
CITY-ST-ZIP MIAMI FL 33196

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME PVPD
2.3 STREET ADDRESS FIORE, PATRICK
2.4 CITY-ST-ZIP 11455 SW 149 Court
MIAMI, FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

P. J. D. H. H. H.

3/1/98

CR2E037 (10/97)