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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N39504

1. Corporation Name

ADAGIO AT THE HAMMOCKS HOMEOWNERS ASSOCIATION, I
NC.

Principal Place of Business

Mailing Address

X NEW YORK
X NEW YORK
X MIAMI FL 33126 X

111 FONTAINEBLEAU BLVD.
MIAMI FL 33172



2. Principal Place of Business

2a. Mailing Address

21 11600 SW Hammocks Blvd

26 201 Alhambra Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Miami, FL

28 Miami, FL 33134

Zip

Country

Zip

Country

24 33196

25 USA

29 33134

30 USA

3. Date Incorporated or Qualified

08/14/1990

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

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 SKRLD, INC.

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

83 Suite 1102

84 City Gables, FL

FL

85 Zip Code
33134

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

SKRLD, INC. BY: LISA A. LERNER, SEC. *Lisa A. Lerner*

(NOTE: Registered Agent signature required when reinstating)

DATE

3-26-1999

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PVPD
NAME FIORE, PATRICK
STREET ADDRESS 1435 SW 149 COURT
CITY-ST-ZIP MIAMI FL

DELETE

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

DELETE

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

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

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

14835 SW 114th Terr
Miami, FL 33196

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TD
Christodoulou, Chris
11502 SW 149 Path
Miami, FL 33196

Change Addition

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

Change Addition

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

Change Addition

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

Change Addition

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

Change Addition

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, with all other like empowered.

SIGNATURE:

Chris Christodoulou
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 3/2/99 Daytime Phone # (305) 380-3807

CR2E037 (1/198)