

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90012 028 \*\*\*\*61.25

**DOCUMENT # N39504**

1. Entity Name

**ADAGIO AT THE HAMMOCKS HOMEOWNERS ASSOCIATION, I**

Principal Place of Business

Mailing Address

**11600 SW HAMMOCKS BLVD  
MIAMI FL 33196  
US**

**201 ALHAMBRA CIRCLE  
STE 1102  
MIAMI FL 33134-5108  
US**

80041721



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**The Continental Group Ltd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**12079 SW 131 Avenue**

City & State

City & State

**Miami, FL**

4. FEI Number

**65-0275322**

Applied For

Not Applied

Zip

Country

Zip

Country

**33186**

**USA**

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

Name

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

City

**FL**

Zip Code

**SKRLD, INC.  
201 ALHAMBRA CIRCLE  
STE 1102  
CORAL GABLES FL 33134**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **PVPD**  
STREET ADDRESS **FIORÉ, PATRICK**  
CITY-ST-ZIP **14835 SW 114TH TERR  
MIAMI FL 33196**

TITLE ☒ Change ☐ Add  
NAME **PD**  
STREET ADDRESS **Fiore, Patrick**  
CITY-ST-ZIP **14835 SW 114 Ter.  
Miami, FL 33196**

TITLE ☐ Delete  
NAME **TD**  
STREET ADDRESS **CHRISTODOULOU, CHRIS**  
CITY-ST-ZIP **11502 SW 149 PATH  
MIAMI FL 33196**

TITLE ☐ Change ☒ Add  
NAME **VPD**  
STREET ADDRESS **Perry, Patrick**  
CITY-ST-ZIP **11480 SW 148 Ct.  
Miami, FL 33196**

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

TITLE ☐ Change ☒ Add  
NAME **D**  
STREET ADDRESS **Bradley, Ken**  
CITY-ST-ZIP **14851 SW 114 Ter.  
Miami, FL 33196**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Add  
NAME **D**  
STREET ADDRESS **Zapata, Cleo**  
CITY-ST-ZIP **11482 SW 148 P1  
Miami FL 33196**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Add  
NAME **D**  
STREET ADDRESS **Khoury, Don**  
CITY-ST-ZIP **11580 SW 148 Ct.  
Miami, FL 33196**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add  
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)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/05/2000