

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90014 035 \*\*\*\*61.25

**DOCUMENT # N39504**

1. Entity Name

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

Principal Place of Business

Mailing Address

100 SW HAMMOCKS BLVD  
 MIAMI FL 33196

THE CONTINENTAL GROUP LTD  
 12079 SW 131 AVE  
 MIAMI FL 33186  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0275322**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

Name

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

City

**FL**

Zip Code

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

TITLE **SD** ☐ Change ☒ Addition  
 NAME **Forbes, Renee**  
 STREET ADDRESS **11463 SW 148 Place**  
 CITY-ST-ZIP **Miami, FL 33196**

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

TITLE **VPD** ☒ Change ☐ Addition  
 NAME **Otero, Lillian**  
 STREET ADDRESS **11547 SW 149 Path**  
 CITY-ST-ZIP **Miami, FL 33196**

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **BRADLEY, KEN**  
 STREET ADDRESS **14835 SW 114TH TERR**  
 CITY-ST-ZIP **MIAMI FL 33196**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **ZAPATA, CLEO**  
 STREET ADDRESS **11482 SW 148 PL**  
 CITY-ST-ZIP **MIAMI FL 33196**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 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:** *Patrick F. Fioresi* 01/18/02

Date

Daytime Phone #

CR2E037 (9/01)