

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90007 038 ****61.25

DOCUMENT # N39504

1. Entity Name
**ADAGIO AT THE HAMMOCKS HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business

~~11000 SW HAMMOCKS BLVD~~
~~MIAMI, FL 33196 US~~

Mailing Address

~~THE CONTINENTAL GROUP LTD~~
~~12070 SW 131 AVE~~
~~MIAMI, FL 33186 US~~

34000004



2. Principal Place of Business

11981 SW 144 CT
Suite, Apt. #, etc.
SU-201

3. Mailing Address

11981 SW 144 CT
Suite, Apt. #, etc.
SU-201

01122004 Chg-NP CR2E037 (10/03)

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number
65-0275322

Applied For
Not Applicable

Zip

33186

Country

Zip

33186

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

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

TITLE **VP** ☐ Delete
NAME **OTERO, LILLIAN**
STREET ADDRESS **11547 SW 149 PATH**
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 **D** ☒ Delete
NAME **BRADLEY, KEN**
STREET ADDRESS **14835 SW 114TH TERR**
CITY-ST-ZIP **MIAMI, FL 33196**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **President** ☒ Change ☐ Addition
NAME **OTERO, LILLIAN**
STREET ADDRESS **11547 SW 149 PATH**
CITY-ST-ZIP **MIAMI, FL 33196**

TITLE **VP** ☒ Change ☐ Addition
NAME **CHRIS CHRISTODOULOU**
STREET ADDRESS **11502 SW 149 PATH**
CITY-ST-ZIP **MIAMI, FL 33196**

TITLE **TD** ☒ Change ☐ Addition
NAME **Brian Kandowski**
STREET ADDRESS **11482 SW 148th Pl**
CITY-ST-ZIP **Miami, FL 33196**

TITLE **SD** ☒ Change ☐ Addition
NAME **Michelle Cleary**
STREET ADDRESS **14845 SW 114th Terrace**
CITY-ST-ZIP **Miami, FL 33196**

TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #