

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90122 040 ****61.25

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DOCUMENT # N39504 1. Entity Name ADAGIO AT THE HAMMOCKS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business C/O THE CONTINENTAL GROUP 11981 SW 144 CT. STE 201 MIAMI, FL 33186 US			Mailing Address 11981 SW 144 CT STE 201 MIAMI, FL 33186 US		
2. Principal Place of Business - No P.O. Box # C/O MARATHON PROPERTIES		3. Mailing Address C/O MARATHON PROPERTIES		01292007 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc. 11502 SW 149 PATH		Suite, Apt. #, etc. P.O. Box 960636			
City & State MIAMI, FL		City & State MIAMI, FL			
Zip 33196		Country US		4. FEI Number 65-0275322	
Zip 33296		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OTERO, LILLIAN 11547 SW 149 PATH MIAMI, FL 33196	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHRISTODOULOU, CHRIS 11502 SW 149 PATH MIAMI, FL 33196	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUINTANA, HERNILIO 11492 SW 148TH PL MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENDRICK, BRAIN 11482 SW 148TH PL MIAMI, FL 33196	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KANDERSKI, BRIAN Name misspelled, same address
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLEARY, MICHELLE 14845 SW 114TH TERRACE MIAMI, FL 33196	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PERRY, PATRICK 11480 SW 148 CT MIAMI, FL 33196	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SC FIORE, PATRICK 14835 SW 114 TERRACE MIAMI, FL 33196	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: LILLIAN OTERO, PRESIDENT				1/29/2007 (305) 525-7897	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	