## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N39504

FILED Jan 11, 2009 Secretary of State

Entity Name: ADAGIO AT THE HAMMOCKS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** C/O MARATHON PROPERTIES 11502 SW 149 PATH MIAMI, FL 33196 **New Mailing Address: Current Mailing Address:** C/O MARATHON PROPERTIES P.O. BOX 960636 MIAMI, FL 33296 US FEI Number: 65-0275322 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SKRLD, INC 201 ALHAMBRA CIRCLE STE 1102 CORAL GABLES, FL 33134 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition CAMINO, LUIS Name: Name: 11482 S.W. 149 PL. Address: Address: City-St-Zip: MIAMI, FL 33196 City-St-Zip: Title: Title: VΡ (X) Change ( ) Addition ( ) Delete RAIZ, JOSE Name: PAIZ, JOSE Name: Address: 14617 SW 113 LN Address: 14617 SW 113 LN City-St-Zip: MIAMI, FL 33186 City-St-Zip: MIAMI, FL 33186 Title: () Delete Title: (X) Change ( ) Addition KANDERSKI, BRIAN CAMPOS, BETZY Name: Name: 11482 SW 148TH PL 14855 SW 114TH TR Address: Address: City-St-Zip: MIAMI, FL 33196 City-St-Zip: MIAMI, FL 33196 (X) Change ( ) Addition Title: SC ( ) Delete Title: DKALLID, RICHARD Name: Name: KALLIO, RICHARD Address: 11432 SW 149 PL Address: 11432 SW 149 PL City-St-Zip: MIAMI, FL 33196 City-St-Zip: MIAMI, FL 33196 Title: () Delete Title: (X) Change ( ) Addition HORENO, MAURO MORENO, MAURO Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

11445 SW 148 PATH

(X) Change ( ) Addition

MIAMI, FL 33196

CISSEL, JAMES

11511 SW 148 CT

MIAMI, FL 33196

SIGNATURE: CHRIS CHRISTODOULOU REP 01/11/2009

11445 SW 148 PATH

() Delete

MIAMI, FL 33196

HIGINIO, CARMEN

11443 SW 148 PL

MIAMI, FL 33196

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip: