

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90252 010 ****61.25

DOCUMENT # N39504

1. Entity Name

ADAGIO AT THE HAMMOCKS HOMEOWNERS ASSOCIATION, I NC.



Principal Place of Business

**11800 SW HAMMOCKS BLVD
MIAMI FL 33196
US**

Mailing Address

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

10026941



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0275322**

Applied For

Not Applicable

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

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **VP** ☒ Change ☐ Addition
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** ☐ Change ☒ Addition
NAME **Christodoulou, Chris**
STREET ADDRESS **11502 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 **SD** ☒ Delete
NAME **FORBES, RENEE**
STREET ADDRESS **11463 SW 148 PLACE**
CITY-ST-ZIP **MIAMI FL 33196**

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 REQUIRED** *Chris Christodoulou 2/17/03* **305-385-0445**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)