

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2000 8:00 am
Secretary of State

06-02-2000 90017 010 ****61.25

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DO NOT WRITE IN THIS SPACE

DOCUMENT # 746779
1. Entity Name
 Allegro Condominium Association, Inc.

Principal Place of Business 4031 Gulf Shore Boulevard North
 Naples, Florida 34103
Mailing Address (Same)

2. Principal Place of Business Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc.
City & State City & State

Zip **Country** **Zip** **Country**

4. FEI Number 59-2107011
Applied For ☐ **Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

John M. Swalm, III, Esquire
 Swalm, Murrell & Samouche, P.A.
 2375 Tamiami Trail North, Suite 308
 Naples, Florida 34103

7. Name and Address of New Registered Agent

Name Pamela Eady Wiseman, Esquire
Street Address (P.O. Box Number is Not Acceptable) 600 Fifth Avenue South, Suite 301
City Naples, **FL** **Zip Code** 34102

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 *Pamela Eady Wiseman* **5-18-00**
 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 ☐ **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	Thomas Severson	
STREET ADDRESS	4031 Gulf Shore Blvd, N. Apt 34	
CITY-ST-ZIP	Naples, Florida 34103	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	Marjorie Berlin	
STREET ADDRESS	4031 Gulf Shore Blvd, N. Apt. 104	
CITY-ST-ZIP	Naples, Florida 34103	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	Fred Hathaway	
STREET ADDRESS	4031 Gulf Shore Blvd., N. PH-2A	
CITY-ST-ZIP	Naples, Florida 34103	
TITLE		<input type="checkbox"/> Delete
NAME	William Davison	
STREET ADDRESS	4031 Gulf Shore Blvd, N. Apt 92	
CITY-ST-ZIP	Naples, Florida 34103	
TITLE		<input type="checkbox"/> Delete
NAME	Abraham Zubrow	
STREET ADDRESS	4031 Gulf Shore Blvd, N. Apt. 73	
CITY-ST-ZIP	Naples, Florida 34103	
TITLE	S	<input type="checkbox"/> Delete
NAME	Thomas Sullivan	
STREET ADDRESS	4031 Gulf Shore Blvd, N. PH 3-F	
CITY-ST-ZIP	Naples, Florida 34103	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jane R. Tirrell	
STREET ADDRESS	4031 Gulf Shore Blvd, N. PH 1-F	
CITY-ST-ZIP	Naples, Florida 34103	
TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William Wallace	
STREET ADDRESS	4031 Gulf Shore Blvd. N PH 3-D	
CITY-ST-ZIP	Naples, Florida 34103	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Don Connoily	
STREET ADDRESS	4031 Gulf Shore Blvd. N. Apt 81	
CITY-ST-ZIP	Naples, Florida 34103	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David Gardiner	
STREET ADDRESS	4031 Gulf Shore Blvd. N. Apt. 31	
CITY-ST-ZIP	Naples, Florida 34103	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Jane R. Tirrell President* **5/10/00** **(902) 434-7648**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)