

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 26, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90265 024 \*\*\*\*61.25

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|                                                                                                                                                                                                                               |                                                                                                                  |                                                                                                                                         |                                                                                                                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # 746779</b>                                                                                                                                                                                                      |                                                                                                                  |                                                        |                                                                                                                                                    |
| 1. Entity Name<br><b>ALLEGRO CONDOMINIUM ASSOCIATION, INC.</b>                                                                                                                                                                |                                                                                                                  |                                                                                                                                         |                                                                                                                                                    |
| Principal Place of Business<br><b>4031 GULF SHORE BLVD NORTH<br/>NAPLES FL 34103 US</b>                                                                                                                                       |                                                                                                                  | Mailing Address<br><b>4031 GULF SHORE BLVD NORTH<br/>NAPLES FL 34103 US</b>                                                             |                                                                                                                                                    |
| 2. Principal Place of Business                                                                                                                                                                                                |                                                                                                                  | 3. Mailing Address                                                                                                                      |                                                                                                                                                    |
| Suite, Apt. #, etc.                                                                                                                                                                                                           |                                                                                                                  | Suite, Apt. #, etc.                                                                                                                     |                                                                                                                                                    |
| City & State                                                                                                                                                                                                                  |                                                                                                                  | City & State                                                                                                                            |                                                                                                                                                    |
| Zip                                                                                                                                                                                                                           | Country                                                                                                          | Zip                                                                                                                                     | Country                                                                                                                                            |
| 6. Name and Address of Current Registered Agent<br><b>JAMOUCHE, MARRELL &amp; FIANCUEUR PA<br/>800 LAUREL OAK DRIVE, SUITE 300<br/>NAPLES, FL 34108</b>                                                                       |                                                                                                                  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>                                                                                                               |                                                                                                                  | DATE _____<br><small>(NOTE: Registered Agent signature required when reinstating)</small>                                               |                                                                                                                                                    |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2005</b>                                                                                                                                                                           |                                                                                                                  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b>              |                                                                                                                                                    |
|                                                                                                                                                                                                                               |                                                                                                                  | Make check payable to<br>Florida Department of State                                                                                    |                                                                                                                                                    |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                    |                                                                                                                  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                   |                                                                                                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                             | PD<br>BUCHHOLZ, ALAN <input checked="" type="checkbox"/> Delete<br>4031 GULF SHORE BLVD. NO.<br>NAPLES, FL 34103 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                       | PD<br>HOGAN, RONALD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>4031 GULF SHORE BLVD N.<br>NAPLES FL 34103     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                             | VD<br>CONLEY, BRUCE <input type="checkbox"/> Delete<br>4031 GULF SHORE BLVD.<br>NAPLES, FL 34103                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                       | DT.<br>HILLIARD, EVERETT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>4031 GULF SHORE BLVD N<br>NAPLES FL 34103 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                             | DS<br>GAROFALO, ANDREW <input checked="" type="checkbox"/> Delete<br>4031 GULF SHORE BLVD.<br>NAPLES, FL 34103   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                       | D.<br>POTERSON, RICH <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>4031 GULF SHORE BLVD N.<br>NAPLES FL 34103    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                             | DT<br>CANNON, CHARLES <input type="checkbox"/> Delete<br>4031 GULF SHORE BLVD. NO.<br>NAPLES, FL 34103           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                       | D.<br>VANDERKNEE, PETER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>4031 GULF SHORE BLVD N<br>NAPLES FL 34103  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                             | D<br>CULIANOS, CONSTATINE <input type="checkbox"/> Delete<br>4031 GULF SHORE BLVD.<br>NAPLES, FL 34103           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                       | S.<br>HOGAN, BEVERLY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>4031 GULF SHORE BLVD N<br>NAPLES FL 34103     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                             | <input type="checkbox"/> Delete                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                  |

SIGNATURE

*Ronald A. Trivette (Mgt)*  
*Charles E. Cannon - Director*