

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1995 MAY 1 11 5:31

DOCUMENT # N40949

1. Corporation Name

ALLEGRO AT SAWGRASS MILLS HOMEOWNERS ASSOCIATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **November 27, 1990**
3a. Date of Last Report: **April 24, 1994**

4. FEI Number: **650240496**
Applied For: Not Applicable

2. Principal Place of Business

2a. Mailing Address

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

21. **c/o Miami Management, Inc.**

26. **c/o Miami Management, Inc.**

6. Election Campaign Financing: **\$5.00 May Be Added to Fees**

Suite, Apt. #, etc. **1189 Sawgrass Corporate Parkway**

Suite, Apt. #, etc. **1189 Sawgrass Corporate Pky.**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: **\$68.75 Supplemental Fee Not Required**

22. **Sunrise, Florida**

27. **Sunrise, Florida**

8. This corporation has liability for intangible tax under S. 100.032, Florida Statutes: Yes No

City & State

City & State

23. **33323**

24. **Broward**

25. **33323**

28. **Broward**

29. **33323**

30. **Broward**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Jeffery Licker
1329 NW 126 Way
Sunrise, FL 33323**

81. Name: **Ronald D'Anna, Esq.**
82. Street Address (P.O. Box Number is Not Acceptable): **c/o Mattlin & McClosky**
83. **2300 Glades Road, Suite 400, E. Tower**
84. City: **Boca Raton, FL 33431**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

4/10/95

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. *Continued* ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (SEE PAGE 2)

TITLE: **P/D**
NAME: **WILLIAMS, BOB**
STREET ADDRESS: **1427 NW 126 LANE**
CITY, ST, ZIP: **SUNRISE, FL**

11. TITLE: **D**
12. NAME: **-**
13. STREET ADDRESS: **-**
14. CITY, ST, ZIP: **-**

TITLE: **VP I/D**
NAME: **MOORE, DARREN**
STREET ADDRESS: **12659 NW 14 PLACE**
CITY, ST, ZIP: **SUNRISE, FL**

21. TITLE: **D**
22. NAME: **Gorton, Wayne**
23. STREET ADDRESS: **1431 NW 126 Lane**
24. CITY, ST, ZIP: **Sunrise, Florida 33323**

TITLE: **VP II/D**
NAME: **STRICKLAND, CHARLES**
STREET ADDRESS: **1446 NW 126 LANE**
CITY, ST, ZIP: **SUNRISE, FL**

31. TITLE: **-**
32. NAME: **-**
33. STREET ADDRESS: **-**
34. CITY, ST, ZIP: **-**

TITLE: **T/D**
NAME: **GORTON, GREG**
STREET ADDRESS: **12603 NW 14 STREET**
CITY, ST, ZIP: **SUNRISE, FL**

41. TITLE: **-**
42. NAME: **-**
43. STREET ADDRESS: **888801-1750000**
44. CITY, ST, ZIP: **-05/04/95--01012--015**
******130.00 ****130.00**

TITLE: **S/D**
NAME: **DRAKE, MARIETTA**
STREET ADDRESS: **12681 NW 14 STREET**
CITY, ST, ZIP: **SUNRISE, FL**

51. TITLE: **-**
52. NAME: **-**
53. STREET ADDRESS: **-**
54. CITY, ST, ZIP: **-**

TITLE: **ASST. S/D**
NAME: **LAURUS, PRESTON**
STREET ADDRESS: **1462 NW 126 LANE**
CITY, ST, ZIP: **SUNRISE, FL**

61. TITLE: **-**
62. NAME: **-**
63. STREET ADDRESS: **-**
64. CITY, ST, ZIP: **-**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 817, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: **Marietta Drake, Secretary** Marietta Drake

4/14/95 305 846 7545

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/1/95