

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N40949** (2)

1. Corporation Name
ALLEGRO AT SAWGRASS MILLS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
**C/O MIAMI MANAGEMENT, INC.
1189 SAWGRASS CORPORATE PARKWAY
SUNRISE FL 33323
US**

3. Date Incorporated or Qualified **11/27/1990** 3a. Date of Last Report **05/01/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.		65-0240496	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Zip	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
D'ANNA, RONALD ESO C/O MATTIN & MCCLOSKEY 2300 GLADES RD. STE. #400 E. TOWER BOCA RATON FL 33431		81	Name	
		82	Street Address (P.O. Box Number is Not Acceptable)	
		83		
		84	City	
		FL	85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, BOB	1.2 NAME	VD FIELDS, Michael
STREET ADDRESS	1427 N.W. 126 LANE	1.3 STREET ADDRESS	12608 NW 14th St.
CITY-ST-ZIP	SUNRISE FL	1.4 CITY-ST-ZIP	SUNRISE, FL 33323
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOORE, DARREN	2.2 NAME	TD HERZ, DAN
STREET ADDRESS	12659 N.W. 14TH PLACE	2.3 STREET ADDRESS	7261 SW 42 Ct.
CITY-ST-ZIP	SUNRISE FL	2.4 CITY-ST-ZIP	DAVIE, FL 33314
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STRICKLAND, CHARLES	3.2 NAME	SD GELLER, LARA
STREET ADDRESS	1446 N.W. 126TH LANE	3.3 STREET ADDRESS	12636 14th Place
CITY-ST-ZIP	SUNRISE FL	3.4 CITY-ST-ZIP	SUNRISE, FL. 33323
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GORTON, GREG	4.2 NAME	D APPLEBAUM, BETSY
STREET ADDRESS	12603 N.W. 14TH ST.	4.3 STREET ADDRESS	10452 Santiago Street
CITY-ST-ZIP	SUNRISE FL	4.4 CITY-ST-ZIP	Cooper City FL. 33026
TITLE	SD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DRAKE, MARIETTA	5.2 NAME	D DAPRIZIO, JEFF
STREET ADDRESS	12681 N.W. 14TH ST.	5.3 STREET ADDRESS	12694 NW 14th Pl
CITY-ST-ZIP	SUNRISE FL	5.4 CITY-ST-ZIP	SUNRISE FL 33323
TITLE	ASD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAURUS, PRESTON	6.2 NAME	D VON SEGGERN, ELIZABETH
STREET ADDRESS	1462 N.W. 126TH LANE	6.3 STREET ADDRESS	12648 NW 14 Pl.
CITY-ST-ZIP	SUNRISE FL	6.4 CITY-ST-ZIP	SUNRISE, FL 33323

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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bob Williams Date: 5 FEB 96 Daytime Phone #: (305) 846-7545

CR2E037 (12/95)