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Apr 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 02/14/1996
4. FEI Number 65-0240496
Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent
D'ANNA, RONALD, ESQ.
C/O MATTIN & MCCLOSKEY
2300 GLADES RD. STE. #400 E. TOWER
BOCA RATON FL 33431

10. Name and Address of New Registered Agent
81 Name SKRLD, Inc.
82 Street Address (P.O. Box Number is Not Acceptable)
83 201 Alhambra Circle, Suite 1102
84 City Coral Gables, FL 85 Zip Code 33134

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 SKRLD, Inc. *Sandra B. Mortham* Sec. 3/4/97
(NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|---|
| TITLE | VP <input type="checkbox"/> DELETE |
| NAME | WILLIAMS, BOB |
| STREET ADDRESS | 1427 N.W. 126 LANE |
| CITY-ST-ZIP | SUNRISE FL |
| TITLE | VP <input checked="" type="checkbox"/> DELETE |
| NAME | MOORE, DARREN |
| STREET ADDRESS | 12859 N.W. 14TH PLACE |
| CITY-ST-ZIP | SUNRISE FL |
| TITLE | VP <input type="checkbox"/> DELETE |
| NAME | FIELDS, MICHAEL |
| STREET ADDRESS | 12608 NW 14 ST. |
| CITY-ST-ZIP | SUNRISE FL |
| TITLE | TD <input type="checkbox"/> DELETE |
| NAME | HERZ, DAN |
| STREET ADDRESS | 7261 SW 42 CT |
| CITY-ST-ZIP | DAVIE FL |
| TITLE | SD <input type="checkbox"/> DELETE |
| NAME | GELLER, LARA |
| STREET ADDRESS | 12636 14 PLACE |
| CITY-ST-ZIP | SUNRISE FL |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | APPLEBAUM, BETSY <i>Misspelled</i> |
| STREET ADDRESS | 10452 SANTIAGO STREET <i>Applebaum</i> |
| CITY-ST-ZIP | COOPER CITY FL |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 1.1 TITLE | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Michael Fields |
| 1.3 STREET ADDRESS | 12608 NW 14 Street |
| 1.4 CITY-ST-ZIP | Sunrise, FL. 33323 |
| 2.1 TITLE | VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Laura Geller |
| 2.3 STREET ADDRESS | 12636 NW 14 Place |
| 2.4 CITY-ST-ZIP | Sunrise, FL. 33323 |
| 3.1 TITLE | DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | Betsy Applebaum |
| 3.3 STREET ADDRESS | 10452 Santiago St. |
| 3.4 CITY-ST-ZIP | Sunrise, FL. 33323 |
| 4.1 TITLE | Howell, Robert Trammell <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | 1324 Nw 126 Ave |
| 4.3 STREET ADDRESS | SUNRISE, FL 33323 |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | John Barbuto |
| 5.3 STREET ADDRESS | 1488 NW 126 Avenue |
| 5.4 CITY-ST-ZIP | Sunrise, FL 33323 |
| 6.1 TITLE | DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | Bob Williams |
| 6.3 STREET ADDRESS | 1427 NW 126 Lane |
| 6.4 CITY-ST-ZIP | Sunrise, FL 33323 |

14. I do 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 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.
3/18/97

CR2E037 (9/96)