

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90119 005 ****61.25

00034196



DO NOT WRITE IN THIS SPACE

DOCUMENT # N40949

1. Entity Name
ALLEGRO AT SAWGRASS MILLS HOMEOWNERS ASSOCIATION

Principal Place of Business C/O MIAMI MANAGEMENT, INC. 1400 SAWGRASS CORPORATE PARKWAY SUNRISE FL 33329 US	Mailing Address C/O MIAMI MANAGEMENT, INC. 1400 SAWGRASS CORPORATE PARKWAY SUNRISE FL 33329-2047 US
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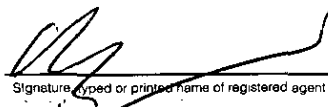
2. Principal Place of Business 40 Castle Mgmt Inc. Suite, Apt. #, etc. P.O. Box 189013 City & State Plantation, FL Zip 33318	3. Mailing Address 40 Castle Mgmt Inc. Suite, Apt. #, etc. P.O. Box 189013 City & State Plantation, FL Zip 33318
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4. FEI Number 65-0240496	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
~~SIEGFRIED RIVERA L ET AL
 201 ALHAMBRA CIR #1102
 CORAL GABLES, FL 33134~~

7. Name and Address of New Registered Agent
 Name **Kaye & Roger, P.A.**
 Street Address (P.O. Box Number is Not Acceptable)
6261 NW 6th Way
 City **Ft. Lauderdale** FL Zip Code **33309**

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  **R. K. ROSEN, J.V. Kauf & Roger 2-29-00**
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 Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRAMMEL, ROBERT 1324 NW 126TH AVE SUNRISE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLINE, CLIFF 1405 NW 126TH WAY SUNRISE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VON SEGGERN, ELIZABETH 12648 NW 14TH PL SUNRISE FL 33323	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HERZ, DAN 7261 SW 42 CT DAVIE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GELLER, LARA 12836 14 PLACE SUNRISE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS APPLEBAUM, BETSY 10452 SANTIAGO STREET COOPER CITY FL	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **LARA GELLER, President** 1/26/00 (954) 792-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)