

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90297 012 ****61.25

DOCUMENT # N40949

1. Entity Name

ALLEGRO AT SAWGRASS MILLS HOMEOWNERS ASSOCIATION

Principal Place of Business

Mailing Address

C/O CASTLE MGMT INC
 PO BOX 189013
 PLANTATION FL 33318
 US

C/O CASTLE MGMT INC
 PO BOX 189013
 PLANTATION FL 33318
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0240496

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KAYE & ROGER PA
6261 NW 6TH WAY
FORT LAUDERDALE FL 33309

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE _____

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.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **VD TRAMMEL, ROBERT**
 STREET ADDRESS **1324 NW 126TH AVE**
 CITY-ST-ZIP **SUNRISE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD VON SEGGERN, ELIZABETH**
 STREET ADDRESS **12648 NW 14TH PL**
 CITY-ST-ZIP **SUNRISE FL 33323**

TITLE Change Addition
 NAME **SA Palleija, Aracely**
 STREET ADDRESS **12682 NW 14th Place**
 CITY-ST-ZIP **Sunrise, FL 33323**

TITLE Delete
 NAME **TD HERZ, DAN**
 STREET ADDRESS **7261 SW 42 CT**
 CITY-ST-ZIP **DAVIE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **PD GELLER, LARA**
 STREET ADDRESS **12636 14 PLACE**
 CITY-ST-ZIP **SUNRISE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **D Boehme, Chris**
 STREET ADDRESS **1409 NW 126th Way**
 CITY-ST-ZIP **Sunrise, FL 33323**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LARA Geller, President

Date **1/8/01**

Daytime Phone # **954-792-6000**

CR2E037 (10/00)