

# 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

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**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**65-0240496**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

City & State

City & State

6. Election Campaign Financing

**\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24

25

29

30

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, BOB	
STREET ADDRESS	1427 N.W. 126 LANE	
CITY-ST-ZIP	SUNRISE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MOORE, DARREN	
STREET ADDRESS	12659 N.W. 14TH PLACE	
CITY-ST-ZIP	SUNRISE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	STRICKLAND, CHARLES	
STREET ADDRESS	1446 N.W. 126TH LANE	
CITY-ST-ZIP	SUNRISE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	GORTON, GREG	
STREET ADDRESS	12603 N.W. 14TH ST.	
CITY-ST-ZIP	SUNRISE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	DRAKE, MARIETTA	
STREET ADDRESS	12681 N.W. 14TH ST.	
CITY-ST-ZIP	SUNRISE FL	
TITLE	ASD	<input type="checkbox"/> DELETE
NAME	LAURUS, PRESTON	
STREET ADDRESS	1462 N.W. 126TH LANE	
CITY-ST-ZIP	SUNRISE FL	

1.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	FIELDS, Michael	
1.3 STREET ADDRESS	12608 NW 14th St.	
1.4 CITY-ST-ZIP	SUNRISE, FL 33323	
2.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	HERZ, DAN	
2.3 STREET ADDRESS	7261 SW 42 Ct.	
2.4 CITY-ST-ZIP	DAVIE, FL 33314	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	GELLER, LARA	
3.3 STREET ADDRESS	12636 14th Place	
3.4 CITY-ST-ZIP	SUNRISE, FL 33323	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	APPLEBAUM, BETSY	
4.3 STREET ADDRESS	10452 Santiago Street	
4.4 CITY-ST-ZIP	Cooper City FL 33026	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DAPRIZIO, JEFF	
5.3 STREET ADDRESS	12694 NW 14th Pl	
5.4 CITY-ST-ZIP	SUNRISE FL 33323	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	VON SEGBERN, ELIZABETH	
6.3 STREET ADDRESS	12648 NW 14th Pl.	
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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5 FEB 96

Date

(305) 846-7545

Daytime Phone #

CR2E037 (12/95)