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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
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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 33323-2847 US

3. Date Incorporated or Qualified 11/27/1990	3a. Date of Last Report 02/14/1996
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0240496	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	28 Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24 Country	29 Country		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

D'ANNA, RONALD ESQ.
C/O MATTIN & MCCLOSKEY
2300 GLADES RD. STE. #400 E. TOWER
BOCA RATON FL 33431

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

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.**

3/4/97

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 VP <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, BOB	1.2 NAME	Michael Fields
STREET ADDRESS	1427 N.W. 126 LANE	1.3 STREET ADDRESS	12608 NW 14 Street
CITY-ST-ZIP	SUNRISE FL	1.4 CITY-ST-ZIP	Sunrise, FL. 33323
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, DARREN	2.2 NAME	Laura Geller
STREET ADDRESS	12859 N.W. 14TH PLACE	2.3 STREET ADDRESS	12636 NW 14 Place
CITY-ST-ZIP	SUNRISE FL	2.4 CITY-ST-ZIP	Sunrise, FL. 33323
TITLE	VD PD <input type="checkbox"/> DELETE	3.1 TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIELDS, MICHAEL	3.2 NAME	Betsy Applebaum
STREET ADDRESS	12608 NW 14 ST.	3.3 STREET ADDRESS	10452 Santiago St.
CITY-ST-ZIP	SUNRISE FL	3.4 CITY-ST-ZIP	Sunrise, FL. 33323
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	Howell, Robert Trammell <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERZ, DAN	4.2 NAME	1324 Nw 126 Ave
STREET ADDRESS	7261 SW 42 CT	4.3 STREET ADDRESS	Sunrise, FL 33323
CITY-ST-ZIP	DAVE FL	4.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GELLER, LARA	5.2 NAME	John Barbuto
STREET ADDRESS	12636 14 PLACE	5.3 STREET ADDRESS	1488 NW 126 Avenue
CITY-ST-ZIP	SUNRISE FL	5.4 CITY-ST-ZIP	Sunrise, FL 33323
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APPLEBAUM, BETSY <i>Miss spelled</i>	6.2 NAME	Bob Williams
STREET ADDRESS	10452 SANTIAGO STREET <i>Applebaum</i>	6.3 STREET ADDRESS	1427 NW 126 Lane
CITY-ST-ZIP	COOPER CITY FL	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.

CR2E037 (9/96)

3/18/97