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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. *[Signature]* 3/4/97  
(NOTE: Registered Agent's signature required when reinstating)

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	12808 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	12836 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.  
*[Signature]* 3/18/97

CR2E037 (9/96)