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Mar 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 C/O MIAMI MANAGEMENT, INC. 1189 SAWGRASS CORPORATE PARKWAY SUNRISE FL 33323 US	Mailing Address C/O MIAMI MANAGEMENT, INC. 1189 SAWGRASS CORPORATE PARKWAY SUNRISE FL 33323 US
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3. Date Incorporated or Qualified 11/27/1990		
4. FEI Number 65-0240496	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip 25 Country	29 Zip 30 Country

9. Name and Address of Current Registered Agent
**SKRLD, INC.
C/O MATTIN & MCCLOSKEY
201 ALHAMBRA CIR, STE 1102
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name SIEGFRIED, RIVERA, LERNER, ET AL	
82 Street Address (P.O. Box Number Is Not Acceptable) 201 ALHAMBRA CIRCLE, SUITE 1102	
83	
84 City CORAL GABLES	85 Zip Code FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DVP	<input checked="" type="checkbox"/> DELETE	1.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WILLIAMS, BOB		1.2 NAME TRAMMEL, ROBERT	
STREET ADDRESS 1427 N.W. 126 LANE		1.3 STREET ADDRESS 1324 NW 126 AVENUE	
CITY-ST-ZIP SUNRISE FL		1.4 CITY-ST-ZIP SUNRISE, FL	
TITLE BARB	<input checked="" type="checkbox"/> DELETE	2.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME UTO, JOHN		2.2 NAME	
STREET ADDRESS 1488 NW 126 AVE		2.3 STREET ADDRESS	
CITY-ST-ZIP SUNRISE FL		2.4 CITY-ST-ZIP SUNRISE, FL	
TITLE PD	<input type="checkbox"/> DELETE	3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME FIELDS, MICHAEL		3.2 NAME VON SEGGERN, ELIZABETH	
STREET ADDRESS 12808 NW 14 ST.		3.3 STREET ADDRESS 12648 NW 14 PLACE	
CITY-ST-ZIP SUNRISE FL		3.4 CITY-ST-ZIP SUNRISE, FL	
TITLE TD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HERZ, DAN		4.2 NAME	
STREET ADDRESS 7261 SW 42 CT		4.3 STREET ADDRESS	
CITY-ST-ZIP DAVIE FL		4.4 CITY-ST-ZIP	
TITLE VPD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GELLER, LARA		5.2 NAME	
STREET ADDRESS 12636 14 PLACE		5.3 STREET ADDRESS	
CITY-ST-ZIP SUNRISE FL		5.4 CITY-ST-ZIP	
TITLE DS	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME APPLEBAUM, BETSY		6.2 NAME	
STREET ADDRESS 10452 SANTIAGO STREET		6.3 STREET ADDRESS	
CITY-ST-ZIP COOPER CITY FL		6.4 CITY-ST-ZIP	

14. 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 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 by an attachment with an address.

SIGNATURE: *Lara Geller* 2/23/98

CP2E037 (10/97)