

# 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

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

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

TITLE: \_\_\_\_\_  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

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

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

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

TITLE: \_\_\_\_\_  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: **PD**  Delete  
 NAME: **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: **D**  Change  Addition  
 NAME: **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)