

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90033 001 ****61.25

DOCUMENT # 746779

1. Entity Name

ALLEGRO CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**4031 GULF SHORE BLVD NORTH
 NAPLES FL 34103
 US**

Mailing Address

**4031 GULF SHORE BLVD NORTH
 NAPLES FL 34103
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2107011

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**WISEMAN, TAMELA E
 600 FIFTH AVENUE SOUTH STE 301
 NAPLES FL 34102**

7. Name and Address of New Registered Agent

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

TITLE **DB V.P.** ☐ Delete
 NAME **TIRRELL, JANE**
 STREET ADDRESS **4031 GULF SHORE BLVD. NO. D#1F**
 CITY-ST-ZIP **NAPLES FL 34103**

TITLE **D** ☒ Delete
 NAME **GARDNER, DAVID**
 STREET ADDRESS **4031 GULF SHORE BLVD. NO. #42**
 CITY-ST-ZIP **NAPLES FL 34103**

TITLE **DS** ☐ Delete
 NAME **SULLIVAN, THOMAS**
 STREET ADDRESS **4021 GULF SHORE BLVD N #PH3F**
 CITY-ST-ZIP **NAPLES FL 34103**

TITLE **DT** ☐ Delete
 NAME **CONNOLLY, DON**
 STREET ADDRESS **4031 GULF SHORE BLVD. NO. #81**
 CITY-ST-ZIP **NAPLES FL 34103**

TITLE **D** ☐ Delete
 NAME **ZUBROW, ABE**
 STREET ADDRESS **4031 GULF SHORE BLVD. NO. #74**
 CITY-ST-ZIP **NAPLES FL 34103**

TITLE **DVP D.** ☐ Delete
 NAME **WALLACE, WILLIAM**
 STREET ADDRESS **4031 GULF SHORE BLVD. NO.**
 CITY-ST-ZIP **NAPLES FL 34103**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP** ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PRESIDENT** ☐ Change ☒ Addition
 NAME **THOMAS SULLIVAN**
 STREET ADDRESS **SAME ADD.**
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **Zubrow** ☐ Change ☐ Addition
 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 an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone #

1/8/02