

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90103 020 ****61.25

DOCUMENT # N40949 1. Entity Name ALLEGRO AT SAWGRASS MILLS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business C/O CASTLE MGMT INC PO BOX 189013 PLANTATION, FL 33318 US			Mailing Address C/O CASTLE MGMT INC PO BOX 189013 PLANTATION, FL 33318 US		
2. Principal Place of Business c/o Miami Management Suite, Apt. #, etc.				3. Mailing Address 1145 Sawgrass Corp Pkwy Suite, Apt. #, etc.	
City & State		City & State		4. FEI Number 65-0240496	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Country		6. Name and Address of Current Registered Agent RANDALL K. ROGER & ASSOCIATES, P.A. 621 NW 53 STREET #300 BOCA RATON, FL 33487	
Zip		Country		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
Zip		Country		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. I am familiar with, and accept the obligations of registered agent.	
Zip		Country		SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
Zip		Country		DATE _____	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRAMMEL, ROBERT		NAME	Scott Cielo	
STREET ADDRESS	1324 NW 126TH AVE		STREET ADDRESS	1145 Sawgrass Corp Pkwy	
CITY-ST-ZIP	SUNRISE, FL		CITY-ST-ZIP	Sunrise FL 33323	
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERZ, DAN		NAME	Abel L. Mallo	
STREET ADDRESS	7261 SW 42 CT		STREET ADDRESS	1145 Sawgrass Corp Pkwy	
CITY-ST-ZIP	DAVIE, FL		CITY-ST-ZIP	Sunrise FL 33323	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GELLER, LARA		NAME	Cindy Ross	
STREET ADDRESS	12636 14 PLACE		STREET ADDRESS	1145 Sawgrass Corp Pkwy	
CITY-ST-ZIP	SUNRISE, FL		CITY-ST-ZIP	Sunrise FL 33323	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOEHME, CHRIS		NAME	Angela Egan	
STREET ADDRESS	1409 NW 126TH WAY		STREET ADDRESS	1145 Sawgrass Corp Pkwy	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33323		CITY-ST-ZIP	Sunrise FL 33323	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MALLO, ABEL		NAME	Kathleen Kearns	
STREET ADDRESS	1488 NW 126 AVE		STREET ADDRESS	1145 Sawgrass Corp Pkwy	
CITY-ST-ZIP	SUNRISE, FL		CITY-ST-ZIP	Sunrise FL 33323	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>Scott Cielo</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>1/20/04</u>		Daytime Phone #: <u>954 9072722</u>