

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 <i>c/o Miami Management</i>		3. Mailing Address <i>1145 Sawgrass Corp Pkwy</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>Sunrise, FL</i>	
Zip		Zip <i>33323</i>	
Country		Country <i>USA</i>	
4. FEI Number 65-0240496		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RANDALL K. ROGER & ASSOCIATES, P.A. 621 NW 53 STREET #300 BOCA RATON, FL 33487		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
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	TITLE	PD
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
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	STD	TITLE	VD
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
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	PD	TITLE	SD
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
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D	TITLE	TD
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
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D	TITLE	D
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
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Scott Cielo</i>		Date: <i>1/20/04</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: <i>954 9072722</i>	

