


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90003 015 ****61.25

DOCUMENT # N40949 1. Entity Name ALLEGRO AT SAWGRASS MILLS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business C/O MIAMI MANAGEMENT PO BOX 189013 PLANTATION, FL 33318 US			Mailing Address 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323 US		
2. Principal Place of Business CPMMI 1145 Sawgrass Suite, Apt. #, etc. Corp Pkwy			3. Mailing Address Suite, Apt. #, etc.		
City & State Sunrise FL		City & State		4. FEI Number 65-0240496	
Zip 33323		Country Broward		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KATZMAN & KORR, P.A. 1501 NW 49TH STREET SUITE 202 FORT LAUDERDALE, FL 33309				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY - ST - ZIP	PD CIELO, SCOTT <input checked="" type="checkbox"/> Delete 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Spoto, Marc <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1145 Sawgrass Corp. Pkwy Sunrise, FL 33323	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MALLO, ABEL L <input type="checkbox"/> Delete 1145 SAWGRASS CORP PARKWAY SUNRISE, FL 33323		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ROSS, CINDY <input type="checkbox"/> Delete 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD EGAN, ANGELA <input type="checkbox"/> Delete 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KEARNS, KATHLEEN <input type="checkbox"/> Delete 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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: <u>Cinda Ross, Sec.</u> 1/10/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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