




2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N40949						<p>FILED</p> <p>05 JUL 27 PM 2: 54</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p> 					
1. Entity Name ALLEGRO AT SAWGRASS MILLS HOMEOWNERS ASSOCIATION, INC.				Principal Place of Business C/O MMI 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323 US				Mailing Address 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323 US			
2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0240496		Applied For <input type="checkbox"/> Not Applicable					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required					
City & State		City & State		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent					
Zip		Country		Zip		Country					
KATZMAN & KORR, P.A. 1501 NW 49TH STREET SUITE 202 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. I am familiar with, and accept the obligations of registered agent.											
SIGNATURE _____ (NOTE: Registered Agent signature required when reissuing) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>											
Amended AR is \$61.25		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 SPOTO, MARC 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D: Waldman, Laurie 1145 Sawgrass Corp Pkwy Sunrise, FL 33323	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400058303404 08/05/05--01066--014 **61.25				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MALLO, ABEL L 1145 SAWGRASS CORP PARKWAY SUNRISE, FL 33323	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP: Kearns, Kathleen 1145 Sawgrass Corp Pkwy Sunrise, FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROSS, CINDY 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EGAN, ANGELA 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEARNS, KATHLEEN 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EGAN, ANGELA 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEARNS, KATHLEEN 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEARNS, KATHLEEN 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323				
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>M Angela Egan</u>				Date: <u>7/22/05</u>		Daytime Phone # _____					