
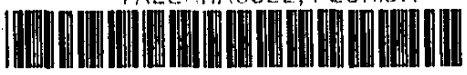



# 2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

|   |  |  |  |   |  |  |  |   |  |
|---|--|--|--|---|--|--|--|---|--|
| <b>DOCUMENT # N40949</b>  |  |  |  |    |  | <p>FILED</p> <p>05 JUL 27 PM 2: 54</p> <p>SECRETARY OF STATE<br/>TALLAHASSEE, FLORIDA</p>  |  |   |  |
| <b>1. Entity Name</b><br>ALLEGRO AT SAWGRASS MILLS HOMEOWNERS ASSOCIATION, INC.   |  |  |  | <b>Principal Place of Business</b><br>C/O MMI<br>1145 SAWGRASS CORP PKWY<br>SUNRISE, FL 33323 US                            |  |  |  | <b>Mailing Address</b><br>1145 SAWGRASS CORP PKWY<br>SUNRISE, FL 33323 US |  |
| <b>2. Principal Place of Business</b>   |  | <b>3. Mailing Address</b>  |  | <b>4. FEI Number</b><br>65-0240496  |  | <b>Applied For</b><br><input type="checkbox"/> Not Applicable  |  |   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |  | <b>5. Certificate of Status Desired</b> <input type="checkbox"/>  |  | <b>\$8.75 Additional Fee Required</b>  |  |   |  |
| <b>City &amp; State</b>   |  | <b>City &amp; State</b>  |  | <b>6. Name and Address of Current Registered Agent</b>  |  | <b>7. Name and Address of New Registered Agent</b>   |  |   |  |
| <b>Zip</b>  |  | <b>Country</b>   |  | <b>Zip</b>  |  | <b>Country</b>   |  |   |  |
| KATZMAN & KORR, P.A.<br>1501 NW 49TH STREET<br>SUITE 202<br>FORT LAUDERDALE, FL 33309   |  |  |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><span style="float: right;"><b>FL</b> Zip Code</span> |  |  |  |   |  |
| <b>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.</b>  |  |  |  |   |  |  |  |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reissuing) _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   |  |  |  |   |  |  |  |   |  |
| <b>Amended AR is \$61.25</b>  |  | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>  |  | <b>Make check payable to Florida Department of State</b>   |  |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |  |  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>SPOTO, MARC<br>1145 SAWGRASS CORP PKWY<br>SUNRISE, FL 33323      | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D:<br>Waldman, Laurie<br>1145 Sawgrass Corp Pkwy<br>Sunrise, FL 33323   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VD<br>MALLO, ABEL L<br>1145 SAWGRASS CORP PARKWAY<br>SUNRISE, FL 33323 | <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 400058303404<br>08/05/05--01066--014 **61.25  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SD<br>ROSS, CINDY<br>1145 SAWGRASS CORP PKWY<br>SUNRISE, FL 33323      | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP:<br>Kearns, Kathleen<br>1145 Sawgrass Corp Pkwy<br>Sunrise, FL 33323   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TD<br>EGAN, ANGELA<br>1145 SAWGRASS CORP PKWY<br>SUNRISE, FL 33323     | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>KEARNS, KATHLEEN<br>1145 SAWGRASS CORP PKWY<br>SUNRISE, FL 33323  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 7/22/05   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |   |  |
| <b>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.</b> |  |  |  |   |  |  |  |   |  |
| <b>SIGNATURE:</b> <u>M Angela Egan</u>  |  |  |  | Date: <u>7/22/05</u>  |  | Daytime Phone # _____  |  |   |  |