


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90377 011 \*\*\*\*61.25

**DOCUMENT # N40949**

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 - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

01042008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**65-0240496**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$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 the Registered Agent

**Robert Kaye & Associates, P.A.  
 6261 NW 6th Way  
 Suite 103  
 Ft. Lauderdale, FL 33309**

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 *Robert Kaye* *President* DATE 4-24-08

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when substituting)

**Filing Fee is \$61.25 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution  **\$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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HERZ, DAN 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323 <input type="checkbox"/> Delete	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 exemptions contained in Chapter 110, 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 member 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 employees.

SIGNATURE: *Angela Egan* **ANGELA EGAN** 1/15/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR