

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40949

FILED  
Apr 12, 2011  
Secretary of State

**Entity Name:** ALLEGRO AT SAWGRASS MILLS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

11784 WEST SAMPLE ROAD  
#103  
CORAL SPRINGS, FL 33065 US

**New Principal Place of Business:**

**Current Mailing Address:**

11784 WEST SAMPLE ROAD  
#103  
CORAL SPRINGS, FL 33065 US

**New Mailing Address:**

**FEI Number:** 65-0240496      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

UNITED COMMUNITYMANAGEMENT CORP  
11784 WEST SAMPLE ROAD  
STE. 103  
CORAL SPRINGS, FL 33065 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: VPTD  
Name: SCHMITTEN, GLORIA  
Address: 11784 WEST SAMPLE ROAD  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: PD  
Name: ORENBUCH, NOAH  
Address: 11784 WEST SAMPLE ROAD  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: SD  
Name: LAW, DIANA  
Address: 11784 WEST SAMPLE ROAD  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: TD  
Name: HERZ, DAN  
Address: 11784 WEST SAMPLE ROAD  
City-St-Zip: CORAL SPRINGS, FL 33065

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JILL SAUNDERS

AGT

04/12/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date