

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N40949

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

**FILED**  
**Jan 09, 2023**  
**Secretary of State**  
**1341783696CC**

**Current Principal Place of Business:**

1145 SAWGRASS CORPORATE PKWY  
SUNRISE, FL 33323

**Current Mailing Address:**

1145 SAWGRASS CORPORATE PKWY  
SUNRISE, FL 33323 US

**FEI Number: 65-0240496**

**Certificate of Status Desired: No**

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

MILBERG KLEIN PL  
5550 GLADES RD, SUITE 500  
BOCA RATON, FL 33431 US

*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

**Officer/Director Detail :**

Title SD  
Name ST. FACILE, CARLINE  
Address 1145 SAWGRASS CORPORATE PKWY  
City-State-Zip: SUNRISE FL 33323

Title T  
Name DBERRY, DANIEL  
Address 1145 SAWGRASS CORPORATE PKWY  
City-State-Zip: SUNRISE FL 33323

Title VP  
Name GALLIANI, GIANCARLO  
Address 1145 SAWGRASS CORPORATE PKWY  
City-State-Zip: SUNRISE FL 33323

Title P  
Name HOLSTON, LEZA  
Address 1145 SAWGRASS CORPORATE PKWY  
City-State-Zip: SUNRISE FL 33323

Title D  
Name FERNANDEZ, PAOLA  
Address 1145 SAWGRASS CORPORATE PKWY  
City-State-Zip: SUNRISE FL 33323

*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: LEZA HOLSTON**

**PRESIDENT**

**01/09/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date