

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40949

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