


FILED
May 04, 2005 8:00 am
Secretary of State

DOCUMENT # 739963					
1. Entity Name ELEGANTE ASSOCIATION, INC.					
Principal Place of Business 1801 MIDDLE RIVER DR APT8 FT LAUDERDALE, FL 33305 US			Mailing Address 100 NE THIRD AVE. SUITE 280 FORT LAUDERDALE, FL 33301 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country					
6. Name and Address of Current Registered Agent					
GABRIEL, ALAN L ESQ 100 NE THIRD AVENUE SUITE 280 FORT LAUDERDALE, FL 33301					Name
					Street Address
					City
8. The above named entity submits this statement for the purpose of changing its registered office or registering the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required)					
Signature, typed or printed name of registered agent and title if applicable.					
Filing Fee is \$61.25 Due by September 7, 2005				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GABRIEL, ALAN L 100 NE THIRD AVE. SUITE 280 FORT LAUDERDALE, FL 33301				<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NICHOLSON, DALE D 1801 MIDDLE RIVER DR. APT. 11 FORT LAUDERDALE, FL 33305				<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GASTON, RENEE 1801 MIDDLE RIVER DR APT#8 FORT LAUDERDALE, FL 33305				<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HANNERMANN, SCOTT 1801 MIDDLE RIVER DR, #10 FT LAUDERDALE, FL 33305				<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAMET, ROBBIE 1801 MIDDLE RIVER DR. APT. #4 FT LAUDERDALE, FL 33305				<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP					<input type="checkbox"/> Delete
11.					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____