


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90037 032 ****61.25

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 - No P.O. Box #		3. Mailing Address 200 E. Broward Blvd			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 1900			
City & State		City & State Ft. LAUDERDALE, FL			
Zip	Country	Zip 33301	Country USA	4. FEI Number 59-1460920	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GABRIEL, ALAN L ESQ 100 NE THIRD AVENUE SUITE 280 FORT LAUDERDALE, FL 33301			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 200 E. Broward Blvd. Suite 1900 City Fort LAUDERDALE FL Zip Code 33301		
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 <u><i>Alan L. Gabriel</i></u> 4-30-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 GABRIEL, ALAN L 100 NE THIRD AVE SUITE 280 FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200 East Broward Blvd., Suite 1900	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICHOLSON, DALE D 1801 MIDDLE RIVER DR. APT. 11 FORT LAUDERDALE, FL 33305	<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	TD GASTON, RENEE 1801 MIDDLE RIVER DR APT#8 FORT LAUDERDALE, FL 33305	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DALE ANDERSON 1801 Middle River Dr. Apt. #3 FT LAUDERDALE, FL 33305	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD 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"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HANNEMANN, SCOTT 1801 MIDDLE RIVER DR. APT 10 FORT LAUDERDALE, FL 33305	<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	<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 119, 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 receiver 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 empowered.					
SIGNATURE: <u><i>Alan L. Gabriel</i></u>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
Date			Daytime Phone #		