

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2008 8:00 am**  
**Secretary of State**

03-05-2008 90022 006 \*\*\*\*61.25

<b>DOCUMENT # 739963</b> 1. Entity Name <b>ELEGANTE ASSOCIATION, INC.</b>			
Principal Place of Business 1801 MIDDLE RIVER DR APT8 FT LAUDERDALE, FL 33305 US		Mailing Address 200 E. BROWARD BLVD. SUITE 1900 FORT LAUDERDALE, FL 33301 US	
2. Principal Place of Business - No P.O. Box # <b>7300 W. McNab Rd.</b>		3. Mailing Address <b>7300 W. McNab Rd.</b>	
Suite, Apt. #, etc. <b>Suite 220</b>		Suite, Apt. #, etc. <b>Suite 220</b>	
City & State <b>Tammarac, FL</b>		City & State <b>Tammarac, FL</b>	
Zip <b>33321</b>		Zip <b>33321</b>	
Country <b>US</b>		Country <b>US</b>	
4. FEI Number <b>59-1460920</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GABRIEL, ALAN L ESQ</b> <b>200 E. BROWARD BLVD</b> <b>SUITE 1900</b> <b>FORT LAUDERDALE, FL 33301</b>		7. Name and Address of New Registered Agent Name <b>Property Management Partners</b> Street Address (P.O. Box Number is Not Acceptable) <b>7300 W McNab #220</b> City <b>Tammarac</b> FL Zip Code <b>33321</b>	
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 <b>Gregorio Limpato - Vice President 2/25/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GABRIEL, ALAN L 200 EAST BROWARD BLVD., SUITE 1900 FORT LAUDERDALE, FL 33301 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Brian Cann P.O. Box 30545 1 Ft Lauderdale, FL 33303 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICHOLSON, DALE D 1801 MIDDLE RIVER DR. APT. 11 FORT LAUDERDALE, FL 33305 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Tom Maroney <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ANDERSON, DALE 1801 MIDDLE RIVER DRIVE APT 3 FORT LAUDERDALE, FL 33305 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Lori Natoli <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHAMET, ROBBIE 1801 MIDDLE RIVER DR. APT. #4 FT LAUDERDALE, FL 33305 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. Clay Dye <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HANNEMANN, SCOTT 1801 MIDDLE RIVER DR. APT 10 FORT LAUDERDALE, FL 33305 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member ASTRID STEAD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <b>AM Cann</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>2/25/08</b> Daytime Phone # <b>954-765-7408</b>	

40038371



01032008 Chg-NP CR2E037 (12/06)