


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000004880 1. Entity Name ALLGAR CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 7820 NORTH UNIVERSITY DRIVE TAMARAC, FL 33321	Mailing Address 7820 NORTH UNIVERSITY DRIVE TAMARAC, FL 33321
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01052006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0039504	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GARMIZO, GUSTAVO 7820 NORTH UNIVERSITY DRIVE TAMARAC, FL 33321

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DV DIGIORGIO, MICHAEL 8179 NORTH PINE ISLAND ROAD TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP GARMIZO, GUSTAVO 7820 NORTH UNIVERSITY DRIVE TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DT GARMIZO, MANUEL 7820 NORTH UNIVERSITY DRIVE TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DS DIGIORGIO, FRANK SR 8179 NORTH PINE ISLAND ROAD TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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1000003380427
01/11/06 80013-019 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Michael DiGiorgio 1-5-2006 954-721-4959
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #