

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 07, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03000004880**

1. Entity Name  
**ALLGAR CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**7820 NORTH UNIVERSITY DRIVE  
TAMARAC, FL 33321**

Mailing Address  
**7820 NORTH UNIVERSITY DRIVE  
TAMARAC, FL 33321**



01032008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-0039504</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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, 2008**

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 7820 N UNIVERSITY DRIVE 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 7820 N UNIVERSITY DRIVE TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000775291  
01/08/08-80022-016 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 V.P.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-3-2008**  
Date

**954-721-4959**  
Daytime Phone #