

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011644

FILED
Feb 16, 2009
Secretary of State

Entity Name: ALLEGRO PALM CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5501 LEGACY CRESCENT PLACE
RIVERVIEW, FL 33569

New Principal Place of Business:

Current Mailing Address:

5501 LEGACY CRESCENT PLACE
RIVERVIEW, FL 33569

New Mailing Address:

FEI Number: 20-4734649

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION
1200 SOUTH ISLAND PINE ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: COHEN, ELI
Address: 5501 LEGACY CRESCENT PLACE
City-St-Zip: RIVERVIEW, FL 33569

Title: DV () Delete
Name: SITT, JIMMY
Address: 5501 LEGACY CRESCENT PLACE
City-St-Zip: RIVERVIEW, FL 33569

Title: DST () Delete
Name: SITT, DAVID
Address: 5501 LEGACY CRESCENT PLACE
City-St-Zip: RIVERVIEW, FL 33569

Title: M (X) Delete
Name: MAZZARELLI, JAMES
Address: 5501 LEGACY CRESCENT PLACE
City-St-Zip: RIVERVIEW, FL 33569

Title: M (X) Delete
Name: SAMUEL, MICHAEL
Address: 5501 LEGACY CRESCENT PLACE
City-St-Zip: RIVERVIEW, FL 33569

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: GUATTARE, GEORGE
Address: 5501 LEGACY CRESCENT PLACE
City-St-Zip: RIVERVIEW, FL 33569

Title: DV (X) Change () Addition
Name: SHAFER, KENT
Address: 5501 LEGACY CRESCENT PLACE
City-St-Zip: RIVERVIEW, FL 33569

Title: DST (X) Change () Addition
Name: SHAFER, KENT
Address: 5501 LEGACY CRESCENT PLACE
City-St-Zip: RIVERVIEW, FL 33569

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHANIE TRETO

M

02/16/2009

Electronic Signature of Signing Officer or Director

Date