

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90103 020 ****61.25

DOCUMENT # N40949 1. Entity Name ALLEGRO AT SAWGRASS MILLS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business C/O CASTLE MGMT INC PO BOX 189013 PLANTATION, FL 33318 US			Mailing Address C/O CASTLE MGMT INC PO BOX 189013 PLANTATION, FL 33318 US		
2. Principal Place of Business c/o Miami Management				3. Mailing Address 1145 Sawgrass Corp Pkwy	
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State 			City & State Sunrise, FL		
Zip 		Country USA		4. FEI Number 65-0240496	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent RANDALL K. ROGER & ASSOCIATES, P.A. 621 NW 53 STREET #300 BOCA RATON, FL 33487			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	VD TRAMMEL, ROBERT 1324 NW 126TH AVE SUNRISE, FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Scott Cielo 1145 Sawgrass Corp Pkwy Sunrise FL 33323	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HERZ, DAN 7261 SW 42 CT DAVIE, FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Abel L. Mallo 1145 Sawgrass Corp Pkwy Sunrise FL 33323	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GELLER, LARA 12636 14 PLACE SUNRISE, FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Cindy Ross 1145 Sawgrass Corp Pkwy Sunrise FL 33323	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOEHME, CHRIS 1409 NW 126TH WAY FORT LAUDERDALE, FL 33323	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Angela Egan 1145 Sawgrass Corp Pkwy Sunrise FL 33323	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALLO, ABEL 1488 NW 126 AVE SUNRISE, FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kathleen Kearns 1145 Sawgrass Corp Pkwy Sunrise FL 33323	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>Scott Cielo</u>			1/20/04		954 9072722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #