

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90077 009 ****61.25

DOCUMENT # N40949

1. Entity Name
**ALLEGRO AT SAWGRASS MILLS HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business
**C/O MMI
1145 SAWGRASS CORP PKWY
SUNRISE, FL 33323 US**

Mailing Address
**1145 SAWGRASS CORP PKWY
SUNRISE, FL 33323 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03302007 Chg-NP

CR2E037 (12/06)

4. FEI Number
65-0240496

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KATZMAN & KORR, P.A.
1501 NW 49TH STREET
SUITE 202
FORT LAUDERDALE, FL 33309**

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

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, 2007**

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

TITLE PD ☐ Delete
NAME SPOTO, MARC
STREET ADDRESS 1145 SAWGRASS CORP PKWY
CITY-ST-ZIP SUNRISE, FL 33323

TITLE D ☒ Delete
NAME WALDMAN, LAURIE
STREET ADDRESS 1145 SAWGRASS CORP PKWY
CITY-ST-ZIP SUNRISE, FL 33323

TITLE SD ☐ Delete
NAME LAW, DIANA
STREET ADDRESS 1145 SAWGRASS CORP PKWY
CITY-ST-ZIP SUNRISE, FL 33323

TITLE TD ☐ Delete
NAME EGAN, ANGELA
STREET ADDRESS 1145 SAWGRASS CORP PKWY
CITY-ST-ZIP SUNRISE, FL 33323

TITLE VP ☐ Delete
NAME HERZ, DAN
STREET ADDRESS 1145 SAWGRASS CORP PKWY
CITY-ST-ZIP SUNRISE, FL 33323

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Noah Orenbuch**
STREET ADDRESS **12462 NW 14 Street.**
CITY-ST-ZIP **SUNRISE, FL 33323**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/9/07 (954) 846-7545