

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90167 013 ****61.25

DOCUMENT # 707828

1. Entity Name

ASTOR CONDOMINIUM NO.3,INC.



Principal Place of Business

3501 VAN BUREN ST
HOLLYWOOD FL 33021
US

Mailing Address

3501 VAN BUREN ST
HOLLYWOOD FL 33021
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

59-6169263

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAYWARD, DELHIA
3501 VAN BUREN ST
APT #7
HOLLYWOOD FL 33021

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

Delhia Hayward
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3-1-05

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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	D	<input checked="" type="checkbox"/> Delete
NAME	ARNETT, LOLA	
STREET ADDRESS	3501 VAN BUREN ST	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOKIDES, STEVE	
STREET ADDRESS	3501 VAN BUREN ST	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HENRY, CHERYL ANN	
STREET ADDRESS	3501- VAN BUREN ST.	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ZANDOLI, LORETTA	
STREET ADDRESS	3501 VAN BUREN STR	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	HAYWARD, DELHIA	
STREET ADDRESS	3501 VAN BUREN ST	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARACCI, EMILY	
STREET ADDRESS	3501 VAN BUREN ST	
CITY-ST-ZIP	HOLLYWOOD FL 33021	

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEVIS, JOSEPH	
STREET ADDRESS	3501-VAN BUREN ST.	
CITY-ST-ZIP	HOLLYWOOD, FL. 33021	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAFARO, RUDOLPH	
STREET ADDRESS	3501-VAN BUREN ST	
CITY-ST-ZIP	HOLLYWOOD, FL. 33021	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Delhia Hayward
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-1-05 954962-2790