

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90036 010 ****61.25

DOCUMENT # 709349

1. Entity Name

ANDORIC APTS., INC.



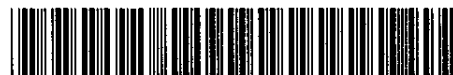
Principal Place of Business

901 SOUTH SURF ROAD
#607
HOLLYWOOD FL 33019

Mailing Address

901 SOUTH SURF ROAD
#607
HOLLYWOOD FL 33019

54020831



MOORE

CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2608162

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PASTORE, NEDA
901 SOUTH SURF ROAD
#607
HOLLYWOOD FL 33019-2115

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

Neda Pastore

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: 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

TITLE	VD	<input type="checkbox"/> Delete
NAME	HOFFMAN, BARRY	
STREET ADDRESS	901 SOUTH SURF RD., #504	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LUPARI, NICHOLAS	
STREET ADDRESS	901 SOUTH SURF RD, #601	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PASTORE, NEDA	
STREET ADDRESS	901 S. SURF ROAD #607	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MEROLO, VINCENT	
STREET ADDRESS	901 S. SUNT RD #407	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MEROLO, PATRICIA	
STREET ADDRESS	901 S SURF RD #407	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<i>P.O.</i>	<input checked="" 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	<i>VAN MANNEKES</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>SD Astair VAN MANNEKES</i>	
STREET ADDRESS	<i>901 South Surf Road # 602</i>	
CITY-ST-ZIP	<i>Hollywood, FL 33019</i>	
TITLE	<i>VD William Gondeken</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>901 South Surf Road # 206</i>	
CITY-ST-ZIP	<i>Hollywood, FL 33019</i>	
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:

Barry Lee Hoffman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/15/04