

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709349

Entity Name: ANDORIC APTS., INC.

FILED
Feb 03, 2007
Secretary of State

Current Principal Place of Business:

901 SOUTH SURF ROAD
#602
HOLLYWOOD, FL 33019

New Principal Place of Business:

Current Mailing Address:

901 SOUTH SURF ROAD
#602
HOLLYWOOD, FL 33019

New Mailing Address:

FEI Number: 59-2608162

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOFFMAN, BARRY L PRES
901 SOUTH SURF ROAD
#504
HOLLYWOOD, FL 33019 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: PD () Delete
Name: HOFFMAN, BARRY
Address: 901 SOUTH SURF RD., #504
City-St-Zip: HOLLYWOOD, FL 33019

Title: VD () Delete
Name: KRANIG, BARBARA
Address: 901 SOUTH SURF RD, #205
City-St-Zip: HOLLYWOOD, FL 33019

Title: SD () Delete
Name: HAIDACHER, ILDIKO
Address: 901 S. SURF ROAD #402
City-St-Zip: HOLLYWOOD, FL 33019

Title: TD () Delete
Name: VAN MANNEKES, ASTRID J
Address: 901 SOUTH SURF RD. # 602
City-St-Zip: HOLLYWOOD, FL 33019

Title: VD () Delete
Name: PIERSIG, URSULA
Address: 901 SOUTH SURF RD.#603
City-St-Zip: HOLLYWOOD, FL 33019

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: MEROLO, PATRICIA
Address: 901 S. SURF ROAD #407
City-St-Zip: HOLLYWOOD, FL 33019

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

Title: VD (X) Change () Addition
Name: KARAS, HAL
Address: 901 SOUTH SURF RD.#208
City-St-Zip: HOLLYWOOD, FL 33019

I hereby certify that the information supplied with this filing does not qualify for the 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: BARRY HOFFMAN

PD

02/03/2007

Electronic Signature of Signing Officer or Director

Date