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NONPROFIT · CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

ATTACHE GARDEN APARTMENTS, INC., A CONDOMINIUMM Trincipal Place of Business Mailing Address									
2710 S. OCEAN DR.		2710 S. OCEAN DR.							
HOLLYWOOD	FL 33019	HOLLYWOOD FL 33019					Ta. 5.4	-41	Desert
						3. Date Incorporated or Qualified	3a. Date		•
						08/12/1965 4. FEI Number		1/07/1	
¬ ·	ace of Business	2a. Mailing Address				59-1146540		\vdash	Applied For Not Applicable
<u> </u>		Suite, Apt. #, etc.				39-1140340		\$0.7	5 Additional
Suite, Apt. #]	f, etc.	27 Suite, Apr. #, etc.				5. Certificate of Status Desired		~	Required
City & State		City & State				6. Election Campaign Financing			May Be
City & State	•	28				Trust Fund Contribution			d to Fees
Zip	Country	Zip	Cou	intry		8. This corporation has liability for	intangible tax	under s	. 199.032,
	25	29	30	_		Florida Statutes	∐ Yes 🔲 N	lo	
J	9. Name and Address of Curren	t Registered Agent	-			10. Name and Address of New R	egistered Ag	jent	
				81 1	Name				
DOLLARO	AFE CARV A			82	Stroot Addro		303 3	5	
POLIAKOFF, GARY A.				02	Street Addres	ss (P.O. Box (19) April 1905 Sept 4	J75UU:	5	
	& POLIAKOFF, P.A.			83		*** 61.25			
	RLING ROAD							1	
FT. LAUD	DERDALE FL 33312		'	84 (City		FI	85 Z	ip Code
IGNATURE _	Signature, typed or printed name of registered agent OFFICERS ANI		TE: Registered	d Agent si		when reinstating) ADDITIONS/CHANGES TO OFF			
ITLE	D	DELETE	1.1 T	ITLE	13	aged member) Change	Addition
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ITY+S1-ZIP	HOLLYWOOD FL		1.4 C	HTY-ST-	ZIP 170		n -		
IJLE							7019		
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	D Fata Frank	□ DELETE		ITLE: NAME	Bo		7019	Change	Addition
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name Street Address City-St-Zip Ditle Name	FATA, FRANK 2710 S. OCEAN DR. #403 HOLLYWOOD FL DS FERRARA, ROY	_	2.2 N 2.3 S 2.4 (3.1 T 3.2 N	NAME Street al City - St- Title	ZIP HO	and meg her work South Ocean Slaves Slaves Blown Slaves Second Ocean	Porg		
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appears in Block 12 or Block 13 if changed, or on an attachment with an address. 2-5.96. 920-6763

Dete Deytire Phone #

SIGNATURE: FLATUS VACCON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PREC