


FILE NOW: FILING FEE IS \$61.25

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Mar 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **709436** (0)  
1. Corporation Name  
**ATTACHE GARDEN APARTMENTS, INC., A CONDOMINIUM**



Principal Place of Business <b>2710 S. OCEAN DR. HOLLYWOOD FL 33019</b>		Mailing Address <b>2710 S. OCEAN DR. HOLLYWOOD FL 33019</b>		3. Date Incorporated or Qualified <b>08/12/1965</b>	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>59-1146540</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
23 Zip		28 Zip		7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24 Country		29 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>POLIAKOFF, GARY A. BECKER &amp; POLIAKOFF, P.A. 3111 STIRLING ROAD FT. LAUDERDALE FL 33312</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	NAME	DELETED	1.1 TITLE	NAME	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
STREET ADDRESS	TEDESCHI, MIKE	<input checked="" type="checkbox"/>	1.2 NAME	DP JAMES STARK	<input type="checkbox"/>
CITY-ST-ZIP	2710 SO OCEAN DR #308 HOLLYWOOD FL		1.3 STREET ADDRESS	2710 SO OCEAN DR	
			1.4 CITY-ST-ZIP	HOLLYWOOD FL #408 33019	
TITLE	NAME	DELETED	2.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	FATA, FRANK	<input type="checkbox"/>	2.2 NAME		
CITY-ST-ZIP	2710 S. OCEAN DR. #403 HOLLYWOOD FL		2.3 STREET ADDRESS		
			2.4 CITY-ST-ZIP		
TITLE	NAME	DELETED	3.1 TITLE	S SILVER SYLVAN	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
STREET ADDRESS	SILVER, RUTH	<input checked="" type="checkbox"/>	3.2 NAME	2710 SOUTH OCEAN DR	
CITY-ST-ZIP	2710 SOUTH OCEAN DRIVE HOLLYWOOD FL 33019		3.3 STREET ADDRESS	#102	
			3.4 CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	NAME	DELETED	4.1 TITLE	D VACCARO FRANCIS	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	VACCARO, FRANCIS	<input type="checkbox"/>	4.2 NAME	2710 SO. OCEAN DR. #207	
CITY-ST-ZIP	2710 SO OCEAN DR #207 HOLLYWOOD FL		4.3 STREET ADDRESS		
			4.4 CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	NAME	DELETED	5.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	JACOBS, HELEN	<input type="checkbox"/>	5.2 NAME		
CITY-ST-ZIP	2710 S. OCEAN DR. #103 HOLLYWOOD FL		5.3 STREET ADDRESS		
			5.4 CITY-ST-ZIP		
TITLE	NAME	DELETED	6.1 TITLE	M D	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
STREET ADDRESS	LUCE, DOLORES	<input checked="" type="checkbox"/>	6.2 NAME	DAN NICK	
CITY-ST-ZIP	2710 SOUTH OCEAN DRIVE HOLLYWOOD FL 33019		6.3 STREET ADDRESS	2710 SOUTH OCEAN DR #402	
			6.4 CITY-ST-ZIP	HOLLYWOOD FL 33019	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *James Stark* JAMES STARK 2/25/98 954 925 0635

CP2E037 (10/97)