


FILE NOW: FILING FEE IS \$61.25

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Mar 26, 1999 8:00 am
Secretary of State

03-26-1999 90030 008 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 709436		
1. Corporation Name ATTACHE GARDEN APARTMENTS, INC., A CONDOMINIUM		
Principal Place of Business 2710 S. OCEAN DR. HOLLYWOOD FL 33019	Mailing Address 2710 S. OCEAN DR. HOLLYWOOD FL 33019	



21	2. Principal Place of Business	2a	Mailing Address	3.	Date Incorporated or Qualified	
	Suite, Apt. #, etc.		Suite, Apt. #, etc.	4.	FEI Number	Applied For
22	City & State	27	City & State		59-1146540	Not Applicable
23	Zip	28	Zip	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24	Country	29	Country	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STARK, JAMES	1.2 NAME	
STREET ADDRESS	2710 S OCEAN DR, #408	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33019	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FATA, FRANK	2.2 NAME	
STREET ADDRESS	2710 S OCEAN DR #403	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	2.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SILVER, SYLVIA N.	3.2 NAME	COLETTE SALVINO
STREET ADDRESS	2710 S OCEAN DR, #102	3.3 STREET ADDRESS	2710 SO OCEAN DR # 205
CITY-ST-ZIP	HOLLYWOOD FL 33019	3.4 CITY-ST-ZIP	HOLLYWOOD FL 33019
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VACCARO, FRANCIS	4.2 NAME	MIKE TEDESCHI
STREET ADDRESS	2710 SO OCEAN DR #207	4.3 STREET ADDRESS	2710 SOUTH OCEAN DR #308
CITY-ST-ZIP	HOLLYWOOD FL 33019	4.4 CITY-ST-ZIP	HOLLYWOOD FL 33019
TITLE	DT <input checked="" type="checkbox"/> DELETE	5.1 TITLE	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACOBS, HELEN	5.2 NAME	LES WEISS
STREET ADDRESS	2710 S. OCEAN DR. #103	5.3 STREET ADDRESS	2710 SO OCEAN DR # 405
CITY-ST-ZIP	HOLLYWOOD FL	5.4 CITY-ST-ZIP	HOLLYWOOD FL 33019
TITLE	MD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAN, NICK	6.2 NAME	
STREET ADDRESS	2710 S OCEAN DR, #402	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33019	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: James Stark 2/14/99 954-925-0635
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0023506
CR2E037 (1/198)

#13

709436
2165525900308

IRENE COHEN
2710 So OCEAN DR.
HOLLYWOOD FL 33019

Vice PRESIDENT