


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

FILED
Mar 03, 2004 08:00 AM
Secretary of State

DOCUMENT # 709436			
1. Entry 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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent SALVINO, COLETTE M 2710 S. OCEAN DR. #205 HOLLYWOOD FL 33019		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	



MOORE CR2E037 (11/03)

4. FEI Number **59-1146540** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

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

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	P	<input type="checkbox"/> Delete
NAME	SALVINO, COLETTE M	
STREET ADDRESS	2710 S. OCEAN DR. #205	
CITY - ST - ZIP	HOLLYWOOD FL 33019	
TITLE	D	<input type="checkbox"/> Delete
NAME	STARK, JAMES	
STREET ADDRESS	2710 S. OCEAN DR #408	
CITY - ST - ZIP	HOLLYWOOD FL 33019	
TITLE	D	<input type="checkbox"/> Delete
NAME	TEDESCHI, MIKE	
STREET ADDRESS	2710 SOUTH OCEAN DRIVE #308	
CITY - ST - ZIP	HOLLYWOOD FL 33019	
TITLE	DT	<input type="checkbox"/> Delete
NAME	WEISS, LES	
STREET ADDRESS	2710 SOUTH OCEAN DRIVE #405	
CITY - ST - ZIP	HOLLYWOOD FL 33019	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOURGAIN, BERT	
STREET ADDRESS	2710 S OCEAN DR #302	
CITY - ST - ZIP	HOLLYWOOD FL 33019	
TITLE	MD	<input type="checkbox"/> Delete
NAME	DAN, NICK	
STREET ADDRESS	2710 S OCEAN DR, #402	
CITY - ST - ZIP	HOLLYWOOD FL 33019	

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	<input 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	<input 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	

U00000074860
03/03/04-80035-013 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Colette M. Salvino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-04 954-923-2846
Date Daytime Phone #