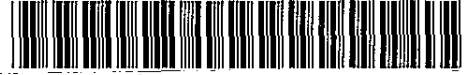


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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

<b>DOCUMENT # 709436</b>					
1. Entry Name <b>ATTACHE GARDEN APARTMENTS, INC., A CONDOMINIUM</b>					
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	4. FEI Number <b>59-1146540</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required			MOORE CR2E037 (11/03)		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SALVINO, COLETTE M 2710 S. OCEAN DR. #205 HOLLYWOOD FL 33019			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	FL	Zip Code
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 _____ (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. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	SALVINO, COLETTE M	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2710 S. OCEAN DR. #205		NAME	
STREET ADDRESS		HOLLYWOOD FL 33019		STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
TITLE	D	STARK, JAMES	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2710 S. OCEAN DR #408		NAME	
STREET ADDRESS		HOLLYWOOD FL 33019		STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
TITLE	D	TEDESCHI, MIKE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2710 SOUTH OCEAN DRIVE #308		NAME	
STREET ADDRESS		HOLLYWOOD FL 33019		STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
TITLE	DT	WEISS, LES	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2710 SOUTH OCEAN DRIVE #405		NAME	
STREET ADDRESS		HOLLYWOOD FL 33019		STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
TITLE	D	BOURGOIN, BERT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2710 S OCEAN DR #302		NAME	
STREET ADDRESS		HOLLYWOOD FL 33019		STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
TITLE	MD	DAN, NICK	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2710 S OCEAN DR, #402		NAME	
STREET ADDRESS		HOLLYWOOD FL 33019		STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	



MOORE CR2E037 (11/03)

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

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SALVINO, COLETTE M  
2710 S. OCEAN DR. #205  
HOLLYWOOD FL 33019

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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 \_\_\_\_\_ (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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	SALVINO, COLETTE M	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2710 S. OCEAN DR. #205		NAME	
STREET ADDRESS		HOLLYWOOD FL 33019		STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
TITLE	D	STARK, JAMES	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2710 S. OCEAN DR #408		NAME	
STREET ADDRESS		HOLLYWOOD FL 33019		STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
TITLE	D	TEDESCHI, MIKE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2710 SOUTH OCEAN DRIVE #308		NAME	
STREET ADDRESS		HOLLYWOOD FL 33019		STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
TITLE	DT	WEISS, LES	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2710 SOUTH OCEAN DRIVE #405		NAME	
STREET ADDRESS		HOLLYWOOD FL 33019		STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
TITLE	D	BOURGOIN, BERT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2710 S OCEAN DR #302		NAME	
STREET ADDRESS		HOLLYWOOD FL 33019		STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
TITLE	MD	DAN, NICK	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		HOLLYWOOD FL 33019		STREET ADDRESS	
CITY - ST - ZIP				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 3-1-04 954-923-2846  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #