

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 21, 2005 8:00 am**  
**Secretary of State**

02-21-2005 90083 027 \*\*\*\*61.25

**DOCUMENT # 709436**

1. Entity 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

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

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, 2005**

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	<input checked="" 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 checked="" 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	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dolores Luce	
STREET ADDRESS	2710 S. Ocean Dr. #307	
CITY-ST-ZIP	Hollywood, FL 33019	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Anthony Tufaro	
STREET ADDRESS	2710 S. Ocean Dr. #301	
CITY-ST-ZIP	Hollywood, FL 33019	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Desciora, Carmine	
STREET ADDRESS	2710 S. Ocean Dr. #404	
CITY-ST-ZIP	Hollywood, FL 33019	
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		

12. 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 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:**

*James Stark*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAMES STARK**

Date

Daytime Phone #

**2-15-05 954 925 0635**