

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90024 021 ****61.25

DOCUMENT # 709436

1. Entity Name

**ATTACHE GARDEN APARTMENTS, INC., A
CONDOMINIUM**



Principal Place of Business

Mailing Address

2710 S. OCEAN DR.
HOLLYWOOD FL 33019

2710 S. OCEAN DR.
HOLLYWOOD FL 33019

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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, 2007**

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: D ☐ Delete
NAME: LUCE, DOLORES
STREET ADDRESS: 2710 S OCEAN DR #307
CITY- ST- ZIP: HOLLYWOOD FL 33019

TITLE: D ☐ Change ☒ Addition
NAME: Costello, Anthony
STREET ADDRESS: 2710 S. Ocean Dr #208
CITY- ST- ZIP: Hollywood FL 33019

TITLE: D ☐ Delete
NAME: STARK, JAMES
STREET ADDRESS: 2710 S. OCEAN DR #408
CITY- ST- ZIP: HOLLYWOOD FL 33019

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: P ☐ Delete
NAME: DESCIORA, CARMINE
STREET ADDRESS: 2710 S. OCEAN DR, M #404
CITY- ST- ZIP: HOLLYWOOD FL 33019

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: DT ☐ Delete
NAME: WEISS, LES
STREET ADDRESS: 2710 SOUTH OCEAN DRIVE #405
CITY- ST- ZIP: HOLLYWOOD FL 33019

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: D ☐ Delete
NAME: SALVINO, COLETTE M
STREET ADDRESS: 2710 S. OCEAN DR., #205
CITY- ST- ZIP: HOLLYWOOD FL 33019

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: MD ☐ Delete
NAME: DAN, NICK
STREET ADDRESS: 2710 S OCEAN DR, #402
CITY- ST- ZIP: HOLLYWOOD FL 33019

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

Colette M. Salvino 3/5/07 954-923-2348

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #