


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2008 08:00 AM
Secretary of State

DOCUMENT # 709436 1. Entity Name ATTACHE GARDEN APARTMENTS, INC., A CONDOMINIUM	
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Principal Place of Business 2710 S. OCEAN DR. HOLLYWOOD FL 33019	Mailing Address 2710 S. OCEAN DR. HOLLYWOOD FL 33019
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/07)

City & State	City & State	4. FEI Number 59-1146540	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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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
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is required when re-registering)

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <input type="checkbox"/> Delete LUCE, DOLORES 2710 S OCEAN DR #307 HOLLYWOOD FL 33019
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <input type="checkbox"/> Delete STARK, JAMES 2710 S. OCEAN DR #408 HOLLYWOOD FL 33019
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P <input type="checkbox"/> Delete DESCIORA, CARMINE 2710 S. OCEAN DR, M #404 HOLLYWOOD FL 33019
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DT <input type="checkbox"/> Delete WEISS, LES 2710 SOUTH OCEAN DRIVE #405 HOLLYWOOD FL 33019
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <input type="checkbox"/> Delete SALVINO, COLETTE M 2710 S. OCEAN DR., #205 HOLLYWOOD FL 33019
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MD <input type="checkbox"/> Delete DAN, NICK 2710 S OCEAN DR, #402 HOLLYWOOD FL 33019

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000369487 04/09/08-80052-001 61.25
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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** 2-12-08 954-988-2348