

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709349

Entity Name: ANDORIC APTS., INC.**Current Principal Place of Business:**901 SOUTH SURF ROAD
HOLLYWOOD, FL 33019**Current Mailing Address:**901 SOUTH SURF ROAD
HOLLYWOOD, FL 33019**FEI Number:** 59-2608162**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ASTRID VAN MANNEKES
901 SOUTH SURF ROAD
602
HOLLYWOOD, FL 33019 US*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.***SIGNATURE:** ASTRID VAN MANNEKES

02/15/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name KRANIG, BARBARA
Address 901 SOUTH SURF ROAD
205
City-State-Zip: HOLLYWOOD FL 33019

Title VP
Name PANEPINTO, MARYANN VP.
Address 901 SOUTH SURF RD,
606
City-State-Zip: HOLLYWOOD FL 33019

Title PRESIDENT
Name VAN MANNEKES, ASTRID JEANNE
Address 901 S. SURF ROAD # 508
602
City-State-Zip: HOLLYWOOD FL 33019

Title VP
Name RILEY, JOE
Address 901 SOUTH SURF ROAD
608
City-State-Zip: HOLLYWOOD FL 33019

Title TREASURER
Name SPENCER, TOM
Address 901 SOUTH SURF RD.#208
508
City-State-Zip: HOLLYWOOD FL 33019

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ASTRIDVANMANNEKES

PRESIDENT

02/15/2017

Electronic Signature of Signing Officer/Director Detail

Date