


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 11, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 725246**

1. Entity Name  
**SILVER THATCH APARTMENT BUILDING NO. 2, INC**



Principal Place of Business      Mailing Address

**3216 COLONY CLUB ROAD**      **3216 COLONY CLUB ROAD**  
**POMPANO BEACH, FL 33062**      **POMPANO BEACH, FL 33062**

**DO NOT WRITE IN THIS SPACE**



01312004 No Chg-NP      CR2E037 (10/03)

4. FEI Number      Applied For  
**65-0044333**      Not Applicable

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

5. Name and Address of Current Registered Agent

**EDDY, JAMES R.**  
**2401 E ATLANTIC BLVD, SUITE 314**  
**POMPANO BEACH, FL 33062**

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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 required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVPD ARDEN-RASMUSSEN, PHYLLIS 3216 COLONY CLUB ROAD POMPANO BEACH, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WITT, VIRGINIA 3216 COLONY CLUB ROAD POMPANO BEACH, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURTZ, PAULINE 3212 COLONY CLUB ROAD POMPANO BCH, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WITT, VIRGINIA 3218 COLONY CLUB RD POMPANO BEACH, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UD0000047116  
02/12/04-80027-021 61.25

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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:** *Phyllis A. Rasmussen (Treas.)*      *12/15/2004 (954) 412-2232*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #