

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 738688 (1)

1. Corporation Name
SILVER THATCH ATLANTIC PLAZA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 531 NORTH OCEAN BLVD. POMPANO BEACH FL 33062-4616	Mailing Address 531 NORTH OCEAN BLVD. POMPANO BEACH FL 33062-4616 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 04/18/1977	3a. Date of Last Report 05/07/1996
21	26	4. FEI Number 59-1744998	Applied For Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
24		30	
25		30	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
KAYE & ROGER 1600 WEST GYPRESS CREEK ROAD SUITE #207 FT. LAUDERDALE FL 33309		6261 N.W. 6th Way Suite # 103 Ft. Lauderdale, FL 33309	
81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City
			FL
		85. Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D CHAR KNUTSON
NAME	BARR, SYBIL	1.2 NAME	531 N. OCEAN BLVD
STREET ADDRESS	531 N. OCEAN BLVD.	1.3 STREET ADDRESS	POMPANO Bch, FL 33062
CITY-ST-ZIP	POMPANO BEACH FL 33062	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	VD
NAME	WIEDERHORN, STEWART	2.2 NAME	SALUS, UTA
STREET ADDRESS	525 N. OCEAN BLVD.	2.3 STREET ADDRESS	525 N. OCEAN BLVD
CITY-ST-ZIP	POMPANO BEACH FL 33062	2.4 CITY-ST-ZIP	POMPANO Bch, FL 33062
TITLE	TD	3.1 TITLE	TD
NAME	WESTMORELAND, ROBERT	3.2 NAME	KLINE, JAMES
STREET ADDRESS	525 N. OCEAN BLVD.	3.3 STREET ADDRESS	531 N. OCEAN BLVD
CITY-ST-ZIP	POMPANO BEACH FL 33062	3.4 CITY-ST-ZIP	POMPANO Bch, FL 33062
TITLE	SD	4.1 TITLE	SD
NAME	PUNCH, THOMAS	4.2 NAME	MOLFETTO
STREET ADDRESS	531 N. OCEAN BLVD.	4.3 STREET ADDRESS	531 N. OCEAN BLVD
CITY-ST-ZIP	POMPANO BEACH FL 33062	4.4 CITY-ST-ZIP	POMPANO Bch, FL 33062
TITLE	D	5.1 TITLE	D
NAME	KLINE, JIM	5.2 NAME	JOAN MATHIE
STREET ADDRESS	531 N. OCEAN BLVD.	5.3 STREET ADDRESS	531 N. OCEAN BLVD
CITY-ST-ZIP	POMPANO BEACH FL 33062	5.4 CITY-ST-ZIP	POMPANO Bch, FL 33062
TITLE	D	6.1 TITLE	D
NAME	TEDESCHI, THOMAS	6.2 NAME	LOUIS LEICHMAN
STREET ADDRESS	531 N. OCEAN BLVD.	6.3 STREET ADDRESS	531 N. OCEAN BLVD
CITY-ST-ZIP	POMPANO BEACH FL 33062	6.4 CITY-ST-ZIP	POMPANO Bch, FL 33062

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (4/97)