

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90014 043 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 738688 ✓

1. Corporation Name

SILVER THATCH ATLANTIC PLAZA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

531 NORTH OCEAN BLVD.
 POMPANO BEACH FL 33062-4616

531 NORTH OCEAN BLVD.
 POMPANO BEACH FL 33062-4616
 US



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

9. Name and Address of Current Registered Agent

KAYE & ROGER
 6561 NW 6TH WAY
 SUITE #103
 FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WIEDERHORN, STEWART	1.2 NAME	D SAM Ginoni
STREET ADDRESS	525 N OCEAN BLVD	1.3 STREET ADDRESS	525 N. Ocean Blvd. # 615
CITY-ST-ZIP	POMPANO BEACH FL 33062	1.4 CITY-ST-ZIP	POMPANO Beach, FL 33062
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SLEEM, DENISE	2.2 NAME	Guy CAMPO
STREET ADDRESS	531 N OCEAN BLVD	2.3 STREET ADDRESS	525 N. Ocean Blvd # 1814
CITY-ST-ZIP	POMPANO BEACH FL 33062	2.4 CITY-ST-ZIP	POMPANO Beach, FL 33062
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEICHMAN, LOU	3.2 NAME	
STREET ADDRESS	525 N OCEAN BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33062	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFITH, VIVIAN	4.2 NAME	
STREET ADDRESS	525 N OCEAN BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33062	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAGNE, GUY	5.2 NAME	
STREET ADDRESS	531 N OCEAN BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33062	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEILANI, ABDEL	6.2 NAME	
STREET ADDRESS	531 N OCEAN BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33062	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: SIG STEWART WIEDERHORN 7-15-99 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0002912

CR2E037 (5/99)