

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).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

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

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

**DOCUMENT # 738688** ✓

1. Corporation Name

**SILVER THATCH ATLANTIC PLAZA CONDOMINIUM ASSOCIA  
TION, 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

Applied For

22

27

59-1744998

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KAYE & ROGER**  
**6561 NW 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME WIEDERHORN, STEWART  
STREET ADDRESS 525 N OCEAN BLVD  
CITY-ST-ZIP POMPANO BEACH FL 33062

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME **D Sam Ginoni**  
1.3 STREET ADDRESS **525 N. Ocean Blvd. # 615**  
1.4 CITY-ST-ZIP **POMPANO Beach, FL 33062**

TITLE D ☐ DELETE  
NAME SLEEM, DENISE  
STREET ADDRESS 531 N OCEAN BLVD  
CITY-ST-ZIP POMPANO BEACH FL 33062

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME **D Guy Campo**  
2.3 STREET ADDRESS **525 N. Ocean Blvd # 1814**  
2.4 CITY-ST-ZIP **POMPANO Beach, FL 33062**

TITLE TD ☐ DELETE  
NAME LEICHMAN, LOU  
STREET ADDRESS 525 N OCEAN BLVD  
CITY-ST-ZIP POMPANO BEACH FL 33062

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE SD ☐ DELETE  
NAME GRIFFITH, VIVIAN  
STREET ADDRESS 525 N OCEAN BLVD  
CITY-ST-ZIP POMPANO BEACH FL 33062

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D ☒ DELETE  
NAME GAGNE, GUY  
STREET ADDRESS 531 N OCEAN BLVD  
CITY-ST-ZIP POMPANO BEACH FL 33062

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D ☒ DELETE  
NAME KEILANI, ABDEL  
STREET ADDRESS 531 N OCEAN BLVD  
CITY-ST-ZIP POMPANO BEACH FL 33062

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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:

**SIGNATURE** *Stewart Wiederhorn*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7-15-99**

0002912

CR2E037 (5/99)