

Silver Thatch Atlantic Plaza Condominium Association, Inc.


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90311 001 ***578.75

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1. Entity 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

66009563



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

02132008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1744998

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
SIEGFRIED, RIVERA, LERNER, DE LA TOREE
201 ALHAMBRA CIRCLE
SUITE 603
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

Filing Fee is \$61.25 Due by May 1, 2008

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

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ZINAMAN, DAVID	
STREET ADDRESS	525 N OCEAN BLVD, #223	
CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE	V	<input type="checkbox"/> Delete
NAME	CHUCKAS, SEAN	
STREET ADDRESS	531 N. OCEAN BLVD., 1402	
CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SANDAU, DAVID	
STREET ADDRESS	531 N. OCEAN BLVD., 1804	
CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	CAVALLARO, SALVATORE	
STREET ADDRESS	525 N OCEAN DR	
CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE	AT	<input type="checkbox"/> Delete
NAME	WESTMORELAND, ROBERT	
STREET ADDRESS	525 N OCEAN DRIVE	
CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE	1VP	<input type="checkbox"/> Delete
NAME	WIESEL, SCOTT	
STREET ADDRESS	525 N. OCEAN BLVD., 1225	
CITY-ST-ZIP	POMPANO BEACH, FL 33062	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CANELIS, GEORGE W.	
STREET ADDRESS	531 N OCEAN BLVD #1910	
CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERIDAN, DAVID	
STREET ADDRESS	531 N. OCEAN BLVD #1712	
CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE	ASD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KINNIER, ROBERT J	
STREET ADDRESS	525 N. OCEAN BLVD #1816	
CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORGAN, THOMAS J	
STREET ADDRESS	525 N OCEAN BLVD #522	
CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *George W. Canellis* **PRESIDENT** 4/26/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #