## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 753849**

FILED Jun 30, 2004 Secretary of State

Entity Name: SILVER THATCH BUILDING NO. THREE ASSOCIATION, INC.

Current Pr	incipal Place	of Business:	New Principal Place	New Principal Place of Business:	
3204 COLC	IATCH BLDG DNY CLUB RD DBEACH, FL				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
3204 COLC	NATCH BLDG ONY CLUB RD OBEACH, FL				
FEI Number:	59-2074763	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
POMPANC The above in the State	LANTIC BLVD  BEACH, FL (  named entity s  of Florida.	330625243 US	urpose of changing its register	ed office or registered agent, or both,	
SIGNATUR		ic Signature of Registered Ager	nt	Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	TD () WAUGH, RICHA 3204 COLONY POMPANO BEA	CLUB ROAD #6	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SD () CRUZ, TENA 3204 COLONY POMPANO BEA		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PD () ATHAS, BARBA 3204 COLONY POMPANO BEA	CLUB RD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () RASMASSEN, F 3216 COLONY POMPANO BEA	CLUB ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () BURNS, KATHY 3204 COLONY POMPANO BEA	CLUB	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD WAUGH TD 06/30/2004