



**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2005 08:00 AM
Secretary of State

DOCUMENT # 725246 1. Entity Name SILVER THATCH APARTMENT BUILDING NO. 2, INC		
Principal Place of Business 3216 COLONY CLUB ROAD POMPAÑO BEACH, FL 33062	Mailing Address 3216 COLONY CLUB ROAD POMPAÑO BEACH, FL 33062	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent EDDY, JAMES R. 2401 E ATLANTIC BLVD, SUITE 314 POMPAÑO BEACH, FL 33062		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVPD ARDEN-RASMUSSEN, PHYLLIS 3216 COLONY CLUB ROAD POMPAÑO BEACH, FL 33063	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WITT, VIRGINIA 3216 COLONY CLUB ROAD POMPAÑO BEACH, FL 33063	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURTZ, PAULINE 3212 COLONY CLUB ROAD POMPAÑO BCH, FL 00000,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WITT, VIRGINIA 3216 COLONY CLUB RD POMPAÑO BEACH, FL 33063	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		12/1/2005 954-942-2232 <small>Date Daytime Phone #</small>



01132005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0044333	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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02/05/05-80054-023 61.25

**DO NOT WRITE
IN THIS SPACE**