


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 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 POMPANO BEACH, FL 33062	Mailing Address 3216 COLONY CLUB ROAD POMPANO BEACH, FL 33062
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01182007 No Chg-NP CR2E037 (4/06)

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	

6. Name and Address of Current Registered Agent

**EDDY, JAMES R.
2401 E ATLANTIC BLVD, SUITE 314
POMPANO BEACH, FL 33062**

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

Filing Fee is \$81.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000610835 02/02/07-80037-007 61.25
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10. OFFICERS AND DIRECTORS

TITLE TVPD	NAME ARDEN-RASMUSSEN, PHYLLIS
STREET ADDRESS 3216 COLONY CLUB ROAD	CITY-ST-ZIP POMPANO BEACH, FL 33063
TITLE PD	NAME WITT, VIRGINIA
STREET ADDRESS 3216 COLONY CLUB ROAD	CITY-ST-ZIP POMPANO BEACH, FL 33063
TITLE D	NAME BURTZ, PAULINE
STREET ADDRESS 3212 COLONY CLUB ROAD	CITY-ST-ZIP POMPANO BCH, FL 00000,
TITLE SD	NAME WITT, VIRGINIA
STREET ADDRESS 3216 COLONY CLUB RD	CITY-ST-ZIP POMPANO BEACH, FL 33063
TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP

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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: *Phyllis A. Rasmussen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/07 (954) 942-2232
Daytime Phone #