


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

DOCUMENT # 288693
 1. Entity Name
SILVER THATCH APARTMENT BUILDING NO. 5, INC.



Principal Place of Business Mailing Address
SILVER THATCH APT BLDG NO 5 **C/O BARBARA PILLIARD**
3208 COLONY CLUB RD #3 **3208 COLONY CLUB RD #3**
POMPANO BEACH FL 33062 **POMPANO BEACH FL 33062**
US **US**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent
PILLIARD, BARBARA
3208 COLONY CLUB RD
#3
POMPANO BEACH FL 33062

4. FEI Number Applied For
65-0039377 Not Applicable

5. Certificate of Status Desired ~~None~~ \$8.75 Additional Fee Required

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> Delete
NAME	MIEDEL, AF	
STREET ADDRESS	3208 COLONY CLUB RD #1	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	ST	<input type="checkbox"/> Delete
NAME	PILLIARD, BARBARA	
STREET ADDRESS	3208 COLONY CLUB RD #3	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	P	<input type="checkbox"/> Delete
NAME	FLYNN, MAUREEN T	
STREET ADDRESS	3208 COLONY CLUB RD #5	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	U00000252094	
CITY-ST-ZIP	03/05/05-80012-012 150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, 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: *Barbara Pilliard* / **BARBARA PILLIARD** 01-29-05 208 420 5275
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #