

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 727292

**FILED**  
**Apr 27, 2010**  
**Secretary of State**

**Entity Name:** SILVER THATCH INTRACOASTAL CONDOMINIUM APARTMENTS, INC.

**Current Principal Place of Business:**

521 N. RIVERSIDE DRIVE  
POMPANO BEACH, FL 33062

**New Principal Place of Business:**

**Current Mailing Address:**

521 N. RIVERSIDE DRIVE  
POMPANO BEACH, FL 33062

**New Mailing Address:**

**FEI Number:** 59-1479883

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

D'AMORE, GEORGE  
521 N RIVERSIDE DR.  
1209  
POMPANO BEACH, FL 33062 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: D'AMORE, GEORGE  
Address: 521 N RIVERSIDE DR.  
City-St-Zip: POMPANO BEACH, FL 33062

Title: VPD  
Name: CORSI, ANTHONY  
Address: 521 RIVERSIDE DR  
City-St-Zip: POMPANO BEACH, FL 33062

Title: STD  
Name: FOLTZ, VICKY  
Address: 521 N. RIVERSIDE DR  
City-St-Zip: POMPANO BEACH, FL 33062

Title: D  
Name: SPINOSA, JOSEPH  
Address: 521 N. RIVERSIDE DR  
City-St-Zip: POMPANO BEACH, FL 33062

Title: D  
Name: GILLIAN, ROY  
Address: 521 N. RIVERSIDE DR  
City-St-Zip: POMPANO BEACH, FL 33062

I hereby 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 all other like empowered.

SIGNATURE: GEORGE D'AMORE

PRES

04/27/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date