

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
Jun 27 1996 8:00 am  
Secretary of State

**DOCUMENT #**  
1. Corporation Name **N93000003634 (3)**  
**Thatchers Landing Condominium No.5 Assoc., Inc.**

Principal Place of Business Mailing Address  
**2180 Park Ave. North #326**  
**Winter Park, FL 32789** same

**3. Date Incorporated or Qualified** 8/11/93 **3a. Date of Last Report** 1995

<b>21</b> 2. Principal Place of Business <b>2180 Park Ave. N.</b>	<b>2a.</b> Mailing Address <b>2180 Park Ave. N.</b>	<b>4.</b> FEI Number <b>59-3234650</b>	Applied For <input type="checkbox"/> Not Applicable
<b>22</b> Suite, Apt #, etc. <b>#326</b>	<b>27</b> Suite, Apt #, etc. <b>#326</b>	<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>23</b> City & State <b>Winter Park, FL</b>	<b>28</b> City & State <b>Winter Park, FL</b>	<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>24</b> Zip <b>32789</b>	<b>25</b> Country <b>USA</b>	<b>29</b> Zip <b>32789</b>	<b>30</b> Country <b>USA</b>

**8.** This corporation has liability for intangible tax under s 199.032 Florida Statutes  Yes  No

<b>9. Name and Address of Current Registered Agent</b>		<b>10. Name and Address of New Registered Agent</b>	
<b>Thomas D. Malcom</b> <b>2180 Park Ave. North #326</b> <b>Winter Park, FL 32789</b>		<b>81</b> Name	
		<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
		<b>83</b>	
		<b>84</b> City	<b>FL</b> <b>85</b> Zip Code

**11.** Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE: *Thomas D. Malcom* DATE: *6-18-96*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>D</b>	<b>Linda Behers</b>	1.2 NAME	
STREET ADDRESS	<b>987 Tillery Way</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Orlando, FL 32828</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>STD</b>	<b>Susan Anderson</b>	2.2 NAME	
STREET ADDRESS	<b>957 Tillery Way</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Orlando, FL 32828</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PD</b>	<b>Kathleen Majka</b>	3.2 NAME	
STREET ADDRESS	<b>989 Tillery Way</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Orlando, FL 32828</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

**600001879126**  
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**14.** I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Kathleen Majka* DATE: *6-18-96* DAYTIME PHONE: *407-682-7266*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Kathleen Majka**

CR2E037 (12/95)