

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

2. Principal Place of Business **2180 Park Ave. N.** **2a. Mailing Address** **2180 Park Ave. N.** **4. FEI Number** **59-3234650** Applied For Not Applicable

22. Suite, Apt #, etc **#326** **27. Suite, Apt #, etc** **#326** **5. Certificate of Status Desired** **\$8.75 Additional Fee Required**

23. City & State **Winter Park, FL** **28. City & State** **Winter Park, FL** **6. Election Campaign Financing Trust Fund Contribution** **\$5.00 May Be Added to Fees**

24. Zip **32789** **25. Country** **USA** **29. Zip** **32789** **30. Country** **USA** **8. This corporation has liability for intangible tax under s 199.032 Florida Statutes** Yes No

9. Name and Address of Current Registered Agent **10. Name and Address of New Registered Agent**
Thomas D. Malcom
2180 Park Ave. North #326
Winter Park, FL 32789
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** **85. 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 D | Linda Behers | 1.2 NAME | |
| STREET ADDRESS | 987 Tillery Way | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | Orlando, FL 32828 | 1.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME STD | Susan Anderson | 2.2 NAME | |
| STREET ADDRESS | 957 Tillery Way | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | Orlando, FL 32828 | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME PD | Kathleen Majka | 3.2 NAME | |
| STREET ADDRESS | 989 Tillery Way | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | Orlando, FL 32828 | 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 | |

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)