FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9300003634

THATCHER'S LANDING CONDOMINIUM NO. 5 ASSOCIATION , INC.

Principal Place of Bus
WORLD OF HOMES
820 PALM WAY ST
KISSIMMEE FL 34744
116

Mailing Address

WORLD OF HOMES

FILED Mar 03, 1999 8:00 am § Secretary of State

03-03-1999 90020 007 ****61.25



BZU PALM WAY 51 KISSIMMEE FL 34744 US		KISSIMMEE FL 34744 US				
2. Principal P	lace of Business	2a. Mailing Address		3. Date Incorporated or Qualifed		
21		26		08/11/1993		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		4. FEI Number		lied For
22		27		59-3319109	Not	Applicable
City & Stat	e	City & State		5. Certificate of Status Desired	\$8.75 Ad Fee Req	
Zip	Country	Zip	Country	6. Election Campaign Financing	\$5.00 N	lav Re
24	25)——, ·	30	Trust Fund Contribution	Added to	•
	9. Name and Address of Cu		1	10. Name and Address of New Regist		
	·		81 Name	icki Diaz		
	NDSEN, VICKI		82 Stree Ad	dress (P.O.)Box Number is Not Acceptable)	•	
820 PALN			83	(0 Palmibay 81-		
KISSIMME	E FL 34744		83			
			84 City	ssi mmee	FL 85 39	744
11. Pursuant office or ragent. I a	to the provisions of Sections 617 egistered agent, or both, in the S priamiliar with, and accept the of	.0502 and 617.1508, Florida Statute tate of Florida. Such change was au bligations of, Section 617.0503, Flori	s, the above-named co thorized by the corpora da Statutes.	rporation submits this statement for the purportion's board of directors. I hereby accept the	se of changing its reappointment as regi	egistered stered
SIGNATURE	Signature, typed or printed name of pigistere	d agent and title if applicable. (NOTE:	Registered Agent signature requ	uired when reinstating) DA	TE	
12.		S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTOR	RS IN 12
TITLE	PD	DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME	AARONSON, BENN		1.2 NAME			
STREET ADDRESS			1.3 STREET ADDRESS	,	•	
	ORLANDO FL 32828		1.4 CITY-ST-ZIP			
CITY-ST-ZIP TITLE	STD	DELETE	2.1 TITLE		Change	Addition
NAME	RYCE, MARY LYN		2.2 NAME			i
	-		2.3 STREET ADDRESS		erica e po	
STREET ADDRESS						
CITY+ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP 3.1 TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
TITLE	VD	- OCCUPA				_
NAME	MAJKA, KATHY		3.2 NAME		. *	Ì
STREET ADDRESS	(3.3 STREET ADDRESS		,	
CITY-ST-ZIP	ORLANDO FL	□ DELETE	3.4. CITY-ST-ZIP	TD	Change	Addition
TITLE	D	☐ DELETE	4.1 TITLE	ynda Behers 987 Tillery Way Orlando Fl 328	A Change	
NAME	LYNDA BEHERS		4.2 NAME	THINKY Way	* *	
STREET ADDRESS			4.3 STREET ADDRESS	701 - 1/2 (1) 200	:27	
CITY-ST-ZIP	ORLANDO FL 32837	D D C C C C C C C C C C	4.4 CITY-ST-ZIP	KIANAO FI 570	Change	Addition
TITLE	D	DELETE	5.1 TITLE 5.2 NAME		— Cuange	☐ ~00100r1
NAME	ADDIS, KEITH			**************************************		
STREET ADDRESS		· ~	5.3 STREET ADDRESS	•	•	
CITY-ST-ZIP	ORLANDO FL		5.4 CITY- \$T-ZIP 6.1 TITLE		Charac	Addition
TITLE		☐ DELETE			Change	☐ vacinou
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY_ST_7ID	1		6.4 CITY-ST-ZIP			1

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

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