

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2000 8:00 am
Secretary of State

01-28-2000 90080 020 ****61.25

DOCUMENT # N93000003634

1. Entity Name

THATCHER'S LANDING CONDOMINIUM NO. 5 ASSOCIATION

R

Principal Place of Business

Mailing Address

WORLD OF HOMES
 820 PALM WAY ST
 KISSIMMEE FL 34744
 US

WORLD OF HOMES
 820 PALM WAY ST
 KISSIMMEE FL 34744
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3319109

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIAZ, VICKI
820 PALM WAY ST
KISSIMMEE FL 34744

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PD Delete
 NAME: AARONSON, BENN
 STREET ADDRESS: 955 TILLERY WAY
 CITY-ST-ZIP: ORLANDO FL 32828

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: VD Delete
 NAME: MAJKA, KATHY
 STREET ADDRESS: 989 TILLERY WAY
 CITY-ST-ZIP: ORLANDO FL

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: STD Delete
 NAME: LYNDA BEHERS
 STREET ADDRESS: 987 TILLERY WAY
 CITY-ST-ZIP: ORLANDO FL 32837

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: D Delete
 NAME: ADDIS, KEITH
 STREET ADDRESS: 957 TILLERY WAY
 CITY-ST-ZIP: ORLANDO FL

TITLE: STD Change Addition
 NAME: Addis, Debbie
 STREET ADDRESS: 957 Tillery Way
 CITY-ST-ZIP: Orlando FL 32837

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

12. 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 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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Benn Aaronson

Date

Daytime Phone #

8/24/00 407 384 2796

CR2E037 (5/00)

