
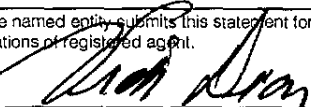
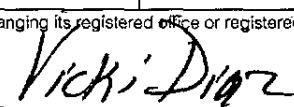
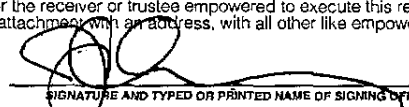


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 03, 2005 08:00 AM**  
**Secretary of State**

|   |   |  |   |
|---|---|--|---|
| DOCUMENT # N93000003634   |   |                             |   |
| 1. Entity Name<br>THATCHER'S LANDING CONDOMINIUM NO. 5 ASSOCIATION, INC.  |   |  |   |
| Principal Place of Business<br>WORLD OF HOMES<br>820 PALM WAY ST<br>KISSIMMEE, FL 34744 US  |   | Mailing Address<br>WORLD OF HOMES<br>820 PALM WAY ST<br>KISSIMMEE, FL 34744 US                               |   |
| 2. Principal Place of Business  |   | 3. Mailing Address   |   |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.  |   |
| City & State  |   | City & State   |   |
| Zip   | Country   | Zip  | Country   |
| 01172005  |   | Chg-NP CR2E037 (10/03)   |   |
| 4. FEI Number<br>59-3319109   |   | Applied For<br><input type="checkbox"/> Not Applicable   |   |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   | \$8.75 Additional Fee Required   |   |
| 6. Name and Address of Current Registered Agent   |   | 7. Name and Address of New Registered Agent  |   |
| DIAZ, VICKI<br>820 PALM WAY ST<br>KISSIMMEE, FL 34744   |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.   |   |  |   |
| SIGNATURE    |   | SIGNATURE  1-25-05        |   |
| Signature typed or printed name of registered agent and title if applicable   |   | (NOTE: Registered Agent signature required when reinstating) DATE  |   |
| Filing Fee is \$61.25 Due by May 1, 2005  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |   |
| Make check payable to Florida Department of State   |   |  |   |
| 10. OFFICERS AND DIRECTORS  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | VD<br>KATHLEEN, JOY<br>989 TILLERY WAY<br>ORLANDO, FL <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | 1100000213122 <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>02/03/05-80056-021 61.25 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | STD<br>DURNING, JAMES<br>987 TILLERY WAY<br>ORLANDO, FL 32837 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | VD<br>HUGGINS, MARY<br>959 TILLERY WAY<br>ORLANDO, FL 32828 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:   |   | Date: 1/20/05  |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   | Daytime Phone #  |   |