


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90368 003 ****61.25

DOCUMENT # N93000003634

1. Entity Name
THATCHER'S LANDING CONDOMINIUM NO. 5 ASSOCIATION, INC.



Principal Place of Business
WORLD OF HOMES
820 PALM WAY ST
KISSIMMEE, FL 34744 US

Mailing Address
WORLD OF HOMES
820 PALM WAY ST
KISSIMMEE, FL 34744 US



2. Principal Place of Business
WORLD OF HOMES

3. Mailing Address
WORLD OF HOMES

2884 S. OSCEOLA AVE 2884 S. OSCEOLA AVE

Orlando FL Orlando FL

32806 USA 32806 USA

03202006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-3319109

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DIAZ, VICKI
2884 S. OSCEOLA AVENUE
ORLANDO, FL 32806

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Vicki Diaz* DATE **3-27-06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	KATHLEEN, JOY	
STREET ADDRESS	989 TILLERY WAY	
CITY-ST-ZIP	ORLANDO, FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	DURNING, JAMES	
STREET ADDRESS	987 TILLERY WAY	
CITY-ST-ZIP	ORLANDO, FL 32837	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HUGGINS, MARY	
STREET ADDRESS	959 TILLERY WAY	
CITY-ST-ZIP	ORLANDO, FL 32828	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Director	
STREET ADDRESS	Rupinta, Vernon	
CITY-ST-ZIP	995 Tillery Way Orlando, FL 32828	<input checked="" type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]* Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR