

FILE NOW: FILING FEE IS \$61.25

FILED
May 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000002226 (6)
1. Corporation Name
THATCHER'S LANDING CONDOMINIUM NO. 9 ASSOCIATION, INC.



Principal Place of Business: 1110 DOUGLAS AVENUE STE 3000 ALTAMONTE SPRINGS FL 32714
Mailing Address: 1110 DOUGLAS AVENUE STE 3000 ALTAMONTE SPRINGS FL 32714-5208

3. Date Incorporated or Qualified: 04/23/1996
3a. Date of Last Report

2. Principal Place of Business: 21 SPECIALTY MGMT. CO. Suite, Apt. #, etc. 22 2180 Park Ave. North #326 City & State 23 Winter Park, FL Zip 24 32789 Country 25 Orange
2a. Mailing Address: 28 same City & State 28 Zip 29 Country 30

4. FEL Number: 59-3389088 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
WATSKY, MORRIS J
700 NW 107TH AVENUE
MIAMI FL 32714

10. Name and Address of New Registered Agent
81 Name: thomas D. malcom
82 Street Address (P.O. Box Number is Not Acceptable): Specialty Mgmt Co.
83 2180 Park Ave North #326
84 City: Winter Park 1 FL 85 Zip Code: 32789

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

12. OFFICERS AND DIRECTORS

TITLE	NPD	<input checked="" type="checkbox"/> DELETE
NAME	MANERS, TRACY	
STREET ADDRESS	1110 DOUGLAS AVENUE STE 3000	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	UTTERBACH, RONALD	
STREET ADDRESS	1110 DOUGLAS AVENUE STE 3000	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	BRACKIN, ANDREA	
STREET ADDRESS	1110 DOUGLAS AVENUE STE 3000	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	Suzanne Brannell	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		1110 Douglas Ave. #3000	
1.3 STREET ADDRESS		Altamonte Sp, FL 32714	
1.4 CITY-ST-ZIP			
2.1 TITLE	VP	Ferny Bourdeau	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		1110 Douglas Ave. #3000	
2.3 STREET ADDRESS		Altamonte Sp, FL 32714	
2.4 CITY-ST-ZIP			
3.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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.

SIGNATURE: *Andrea L. Brackin* 4/23/97 647-0672
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0018199

CR2E037 (9/96)