FILE, NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # N9600002226

THATCHER'S LANDING CONDOMINIUM NO. 9 ASSOCIATION , INC.

Principal Place of Business

2180 PARK AVE. NORTH STE. 326 WINTER PARK FL 32789

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

STREET ADDRESS

Mailing Address

2a. Mailing Address

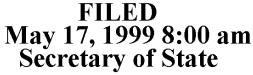
City & State

Suite, Apt. #, etc.

2180 PARK AVE. NORTH STE. 326 WINTER PARK FL 32789

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05-17-1999 90032 010 ****61.25

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3. Date Incorporated or Qualifed

5. Certificate of Status Desired

04/23/1996

59-3389088

4. FEI Number

		28				5 Certificate of Status Desi	e0 🗀	Fee Req	quired
Zip	Country 25	Zip	30	Country		Election Campaign Finan Trust Fund Contribution	ncing	\$5.00 A Added to	
	9. Name and Address of Curren		nt			10. Name and Address of	New Register	ed Agent	
				81	Name				
MALCOM, THOMAS D 2180 PARK AVE. NORTH STE. 326 WINTER PARK FL 32789					Stroot Add	dress (P.O. Box Number is Not A	ncentable)		
					Sileel Au	iless (F.O. Box Nullibel is Not Al	Asplant)		
******	7444 1 E 021 00	••		24	- <u></u> -				
				84	City		F	85 Zip C	oue
1. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, F	lorida Statutes, t	he above	-named cor	poration submits this statement for	or the purpose	of changing its r	egistered
office or n	registered agent, or both, in the State im familiar with, and accept the obligation	of Florida. Such ch tions of, Section 61	iange was autho 17.0503. Florida	rized by Statutes	the corporal	tion's board of directors. I hereby	accept the ap	pointment as reg	istered
•	and accept the conga	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•	•				
IGNATURE	Signature, typed or printed name of registered agen	it and title if applicable.	(NOTE: Reg	stered Agen	nt signature requi	rad when reinstating)	DATE		
2.	OFFICERS AN	D DIRECTORS		13.		ADDITIONS/CHANGES T	O OFFICERS	AND DIRECTOR	
TLE	PD		DELETE	1.1 TITLE				☐ Change	Additio
AME .	Franklin, Harold			1.2 NAME					
REET ADDRESS	12106 BRUCETON WAY			1.3 STREET	TADDRESS				
TY-ST-ZIP	ORLANDO FL 32828			1.4 CITY-S	T-ZIP			<u></u>	<u> </u>
TLE	VD		DELETE	2.1 TITLE	S	TD		Change	Addition Addition
AME	STRAUSS, JOSETTA			2.2 NAME	•				
TREET ACORESS	12144 BRUCETON WAY		í	2.3 STREE1	TADORESS				
TY-S <u>T-ZIP</u>	ORLANDO FL 32828			2.4 CITY-5	ST-ZIP				
M.E	STD		DELETE	3.1 TITLE	V	' D		Change	Addition
AME	BADER, STEPHANIE			3.2 NAME				,	
TREET ADDRESS	12122 BRUCETON WAY			3.3 STREET	TADORESS				
TY-ST-ZIP	ORLANDO FL 32828			3.4. CITY-5	ST-ZIP				
TLE			DELETE	4.1 TITLE				Change	Addition
AME :			l	4. 2 NAME	}				
TREET ADDRESS				4.3 STREE	T ADDRESS				
TY-ST-ZIP				4.4 CITY- S	T-ZIP	<u> </u>			
TLE] DELETE	5.1 TITLE				☐ Change	☐ Additio
AME]		ı	5.2 NAME					
TREET ADDRESS			_	5.3 STREE	TADDRESS				
ITY-ST-ZIP				5.4 CITY-S	T-ZIP				
TILE	1	Ĺ] DELETE	6.1 TITLE				Change	Additio
	ſ			00414115					

CITY-ST-ZIP 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.

6.3 STREET ADDRESS

total Franklin 8-29-99 407-1647-2622 SIGNATURE:

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Applied For

\$8.75 Additional

Not Applicable