

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90149 006 ****61.25

DOCUMENT # N96000002226

1. Entity Name

THATCHER'S LANDING CONDOMINIUM NO. 9 ASSOCIATION

Principal Place of Business

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

Mailing Address

2180 PARK AVE. NORTH STE. 326
 WINTER PARK FL 32789-2358
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

444 W. New England Ave.
 Suite B

3. Mailing Address

444 W. New England Ave.
 Suite B

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Park, FL

City & State

Winter Park, FL

4. FEI Number

59-3389088

Applied For

Not Applicable

Zip

Country

32789

Zip

Country

32789

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MALCOM, THOMAS D
 2180 PARK AVE. NORTH STE. 326
 WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

444 W. New England Ave.
 Suite B

City

Winter Park

FL

Zip Code

32789

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**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	FRANKLIN, HAROLD	
STREET ADDRESS	12106 BRUCETON WAY	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE	STD	<input type="checkbox"/> Delete
NAME	STRAUSS, JOSETTA	
STREET ADDRESS	12144 BRUCETON WAY	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BADER, STEPHANIE	
STREET ADDRESS	12122 BRUCETON 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		
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		
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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 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:

Stephanie Bader

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)