

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90064 018 ****61.25

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DOCUMENT # **N96000002226**

1. Entity Name
**THATCHER'S LANDING CONDOMINIUM NO. 9 ASSOCIATION
, INC.**



Principal Place of Business Mailing Address
~~453 MARK TWAIN BLVD~~ ~~453 MARK TWAIN BLVD~~
~~ORLANDO FL 32828~~ ~~ORLANDO FL 32828~~
US US

2. Principal Place of Business 3. Mailing Address
PENN FIRST **PENN FIRST**
MANAGEMENT INC **MANAGEMENT INC**
1813 N.DEAN RD **1813 N.DEAN RD**
ORLANDO FL 32817 **ORLANDO FL 32817**



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3389088** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~SHEELER, LAWRENCE M~~
~~40 PENN FIRST MANAGEMENT~~
~~453 MARK TWAIN BLVD~~
~~ORLANDO FL 32828~~

Name **PENN FIRST**
Street **MANAGEMENT INC**
1813 N.DEAN RD
City **ORLANDO FL 32817**
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]* **LAWRENCE SHEELER PRESIDENT 2/28/03**
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	STD	<input type="checkbox"/> Delete
NAME	STRAUSS, JOSETTA	
STREET ADDRESS	12144 BRUCETON WAY	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MYERS, BRENDA	
STREET ADDRESS	12101 BRUCETON WAY	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	IANNELLO, CHRIS	
STREET ADDRESS	12114 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		

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 checked="" type="checkbox"/> Addition
NAME	Tom Carver	
STREET ADDRESS	12140 Bruceton Way	
CITY-ST-ZIP	Orlando, FL 32828	
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 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: *[Signature]* **BRENDA MYERS PRESIDENT 2/27/03**

CR2E037 (10/02)