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FILED
May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra D. Northcutt
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N96000006029 (0)**

1. Corporation Name
THATCHER'S LANDING CONDOMINIUM NO. 10 ASSOCIATION, INC.



Principal Place of Business Mailing Address

1110 DOUGLAS AVENUE SUITE 3000 ALTAMONTE SPRINGS FL 32714

1110 DOUGLAS AVENUE SUITE 3000 ALTAMONTE SPRINGS FL 32714-5208

3. Date Incorporated or Qualified **11/26/1996** 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt #, etc. 26 **Specialty Management Co.**

22 City & State 27 **2180 Park Ave. N, Suite 326**

23 Zip Country 28 **Winter Park, FL**

24 25 29 **32789** 30 **USA**

4. FEI Number **59-3412743** 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 33172

10. Name and Address of New Registered Agent

81 Name **Thomas D. Malcolm**

82 Street Address (P.O. Box Number is Not Acceptable) **Specialty Mgmt. Co.**

83 **2180 Park Avenue North #326**

84 City **Winter Park, 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. Malcolm* DATE: **5-5-97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ALLIBONE, TRACY	
STREET ADDRESS	1110 DOUGLAS AVENUE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BOURDEAU, PENNY	
STREET ADDRESS	1110 DOUGLAS AVENUE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	BRACKIN, ANDREA	
STREET ADDRESS	1110 DOUGLAS AVENUE	
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	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Brackin, Andrea	
1.3 STREET ADDRESS	1110 Douglas Avenue, Suite 3000	
1.4 CITY-ST-ZIP	Altamonte Springs, FL 32714	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Same	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Braznell, Suzanne	
3.3 STREET ADDRESS	1110 Douglas Ave. Suite 3000	
3.4 CITY-ST-ZIP	Altamonte Springs, FL 32714	
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* DATE: **2/3/97** 407-682-7266

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000000

CR2E037 (9/96)