

FILE NOW: FILING FEE IS \$61.25

FILED  
May 13 1997 8:00am  
Secretary of State

|                                                       |                                                                                   |                                                                                                             |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra D. Northcutt</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|

DOCUMENT # **N96000006029 (0)**

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



|                                                                                                         |                                                                                                  |
|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>1110 DOUGLAS AVENUE<br/>SUITE 3000<br/>ALTAMONTE SPRINGS FL 32714</b> | Mailing Address<br><b>1110 DOUGLAS AVENUE<br/>SUITE 3000<br/>ALTAMONTE SPRINGS FL 32714-5208</b> |
|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|

|                                                        |                         |
|--------------------------------------------------------|-------------------------|
| 3. Date Incorporated or Qualified<br><b>11/26/1996</b> | 3a. Date of Last Report |
|--------------------------------------------------------|-------------------------|

|                                             |                                  |
|---------------------------------------------|----------------------------------|
| 2. Principal Place of Business<br><b>21</b> | 2a. Mailing Address<br><b>26</b> |
| Suite, Apt #, etc.<br><b>22</b>             | Suite, Apt #, etc.<br><b>27</b>  |
| City & State<br><b>23</b>                   | City & State<br><b>28</b>        |
| Zip<br><b>24</b>                            | Zip<br><b>29</b>                 |
| Country<br><b>25</b>                        | Country<br><b>30</b>             |

|                                                                                                                                                     |                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 4. FEI Number<br><b>59-3412743</b>                                                                                                                  | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                        | <b>\$8.75</b> Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/>                                                                  | <b>\$5.00</b> May Be Added to Fees    |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input type="checkbox"/> 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<br><b>Thomas D. Malcolm</b>                                                                                 |
| 82 Street Address (P.O. Box Number is Not Acceptable)<br><b>Specialty Mgmt. Co.<br/>2180 Park Avenue North #326</b> |
| 83 City<br><b>Winter Park, FL</b>                                                                                   |
| 84 Zip Code<br><b>FL 32789</b>                                                                                      |

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<br><b>PD</b>                               | <input checked="" type="checkbox"/> DELETE |
| NAME<br><b>ALLIBONE, TRACY</b>                   |                                            |
| STREET ADDRESS<br><b>1110 DOUGLAS AVENUE</b>     |                                            |
| CITY-ST-ZIP<br><b>ALTAMONTE SPRINGS FL 32714</b> |                                            |
| TITLE<br><b>VD</b>                               | <input type="checkbox"/> DELETE            |
| NAME<br><b>BOURDEAU, PENNY</b>                   |                                            |
| STREET ADDRESS<br><b>1110 DOUGLAS AVENUE</b>     |                                            |
| CITY-ST-ZIP<br><b>ALTAMONTE SPRINGS FL 32714</b> |                                            |
| TITLE<br><b>STD</b>                              | <input checked="" type="checkbox"/> DELETE |
| NAME<br><b>BRACKIN, ANDREA</b>                   |                                            |
| STREET ADDRESS<br><b>1110 DOUGLAS AVENUE</b>     |                                            |
| CITY-ST-ZIP<br><b>ALTAMONTE SPRINGS FL 32714</b> |                                            |
| 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<br><b>PD</b>                                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME<br><b>Brackin, Andrea</b>                           |                                                                              |
| 1.3 STREET ADDRESS<br><b>1110 Douglas Avenue, Suite 3000</b> |                                                                              |
| 1.4 CITY-ST-ZIP<br><b>Altamonte Springs, FL 32714</b>        |                                                                              |
| 2.1 TITLE                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME<br><b>Same</b>                                      |                                                                              |
| 2.3 STREET ADDRESS                                           |                                                                              |
| 2.4 CITY-ST-ZIP                                              |                                                                              |
| 3.1 TITLE<br><b>STD</b>                                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME<br><b>Braznell, Suzanne</b>                         |                                                                              |
| 3.3 STREET ADDRESS<br><b>1110 Douglas Ave. Suite 3000</b>    |                                                                              |
| 3.4 CITY-ST-ZIP<br><b>Altamonte Springs, FL 32714</b>        |                                                                              |
| 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** DAYTIME PHONE: **407-682-7266**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2E037 (9/96)