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Jun 01 1998 8:00am

Secretary of State

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000006029 (0)
1. Corporation Name
Thatchers Landing Condo. No. 10 Association Inc.

Principal Place of Business Mailing Address
2180 Park Ave. N., Suite 326 Winter Park, FL 32789 2180 Park Ave. N., Suite 326 Winter Park, FL 32789

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

3. Date Incorporated or Qualified 11/26/96

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

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
Thomas D. Malcom
2180 Park Ave. N., Suite 326
Winter Park, FL 32789

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

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. Malcom DATE: 4/27/98

12. OFFICERS AND DIRECTORS

TITLE: VD	NAME: Diane Hudson	STREET ADDRESS: 919 Sykes Ct.	CITY-ST-ZIP: Orlando, FL 32828	<input type="checkbox"/> DELETE
TITLE: S/D	NAME: Delores Desmond	STREET ADDRESS: 952 Sykes Ct.	CITY-ST-ZIP: Orlando, FL 32828	<input type="checkbox"/> DELETE
TITLE: PD	NAME: Mike Haddad	STREET ADDRESS: 959 Sykes Ct.	CITY-ST-ZIP: Orlando, FL 32828	<input type="checkbox"/> DELETE
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> DELETE
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> DELETE
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	700002543497
5.3 STREET ADDRESS	--06/02/98--01008--018
5.4 CITY-ST-ZIP	***\$61.25
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 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 in an attachment with an address.

SIGNATURE: M. Haddad M. Haddad 4/27/98 (407)647-2622

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

CR2E037 (10/97)