

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-04-2000 90230 029 ****61.25

DOCUMENT # N96000006029

1. Entity Name

THATCHER'S LANDING CONDOMINIUM NO. 10 ASSOCIATIO

Principal Place of Business

Mailing Address

2180 PARK AVE. NO.,
 SUITE 326
 WINTER PARK FL 32789

2180 PARK AVE. NO.,
 SUITE 326
 WINTER PARK FL 32789-2358



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

444 W. New England Ave
 Suite, Apt. #, etc.
 Suite B

3. Mailing Address

444 W. New England Ave.
 Suite, Apt. #, etc.
 Suite B

City & State
 Winter Park, FL
 Zip
 32789
 Country

City & State
 Winter Park, FL
 Zip
 32789
 Country

4. FEI Number

59-3412743

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MALCOM, THOMAS D
 2180 PARK AVE NO.
 SUITE 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	STD	<input type="checkbox"/> Delete
NAME	HUDSONN, DIANE	
STREET ADDRESS	919 SYKES CT	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DESMOND, DELORES	
STREET ADDRESS	952 SYKES CT	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HADDAD, MIKE	
STREET ADDRESS	959 SYKES CT	
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	
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 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)