

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90007 003 ****61.25

DOCUMENT # N96000006029

1. Entity Name

THATCHER'S LANDING CONDOMINIUM NO. 10 ASSOCIATIO

Principal Place of Business

Mailing Address

444 W NEW ENGLAND AVE
 SUITE B
 WINTER PARK FL 32789

444 W NEW ENGLAND AVE
 SUITE B
 WINTER PARK FL 32789



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3412743

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MALCOM, THOMAS D
 444 W NEW ENGLAND AVE
 SUITE B
 WINTER PARK FL 32789

Name: Andrea L. Brackin
 Street Address (P.O. Box Number is Not Acceptable): 444 W. New England Ave.
St. 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: Andrea L. Brackin Andrea L. Brackin, Agent DATE: 4/4/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STD HUDSONN, DIANE 919 SYKES CT ORLANDO FL 32828	<input checked="" type="checkbox"/>	P/D Shultz, Paulette 955 Sykes Ct. Orlando, FL 32828	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
VD DESMOND, DELORES 952 SYKES CT ORLANDO FL 32828	<input type="checkbox"/>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD HADDAD, MIKE 959 SYKES CT ORLANDO FL 32828	<input checked="" type="checkbox"/>	S/T/D Barbieri, Hope 963 Sykes Ct. Orlando, FL 32828	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/>		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Hope Barbieri Hope Barbieri DATE: 4/3/01 DAYTIME PHONE #: 407-647-2622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRE037 (10/00)