

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2002 8:00 am**  
**Secretary of State**

03-12-2002 90283 050 \*\*\*\*61.25

**DOCUMENT # N96000006029**

1. Entity Name

**THATCHER'S LANDING CONDOMINIUM NO. 10 ASSOCIATIO  
 N, INC.**

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**

2. Principal Place of Business

**453 MARK TWAIN BLVD**

Suite, Apt. #, etc.

3. Mailing Address

**453 MARK TWAIN BLVD**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**ORLANDO FL**

City & State

**ORLANDO FL**

4. FEI Number

**59-3412743**

Applied For

Not Applicable

Zip

**32828**

Country

**US**

Zip

**32828**

Country

**US**

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**BRACKIN, ANDREA L  
 444 W NEW ENGLAND AVE  
 SUITE B  
 WINTER PARK FL 32789**

7. Name and Address of New Registered Agent

Name **LAWRENCE M SHEELER**  
 Street Address (P.O. Box Number is Not Acceptable)  
**40 PENN FIRST MANAGEMENT**  
**453 MARK TWAIN BLVD**  
 City **ORLANDO** FL Zip Code **32828**

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]*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/15/02**

**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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
VD	DESMOND, DELORES	952 SYKES CT	ORLANDO FL 32828	<input checked="" type="checkbox"/>
PD	SHULTZ, PAULETTE	955 SYKES CT	ORLANDO FL 32828	<input type="checkbox"/>
STD	HOPE, BARBIERI	983 SYLES CT	ORLANDO FL 32828	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
VD	AVELLA, SUSAN	953 SYKES CT.	ORLANDO, FL 32828	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **Paulette Shultz** **RECEIVED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/15/02**

Date

**407-380-3802**

Daytime Phone #

CR2E037 (9/01)