

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90423 039 \*\*\*\*\*61.25

**DOCUMENT # N96000006029**  
 1. Entity Name  
**THATCHER'S LANDING CONDOMINIUM NO. 10 ASSOCIATION, INC.**



Principal Place of Business  
 1813 N. DEAN RD.  
 ORLANDO, FL 32817

Mailing Address  
 1813 N. DEAN RD.  
 ORLANDO, FL 32817

TRANS # 714000  
54048012



2. Principal Place of Business  
**Pennfirst/Boyle Management, Inc**  
 Suite, Apt. #, etc.  
**498 Palm Springs Dr. Suite 235 # 235**

3. Mailing Address  
**498 Palm Springs Dr**  
 Suite, Apt. #, etc.

04292004 Chg-NP / CR2E037 (10/03)

City & State  
**Altamonte Springs, FL**

City & State  
**Altamonte Springs, FL**

Zip  
**32701**

Country  
**U.S.**

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  
**PENN FIRST MANAGEMENT INC.**  
 1813 N. DEAN RD.  
 ORLANDO, FL 32817

7. Name and Address of New Registered Agent  
 Name **James Boyle**  
 Street Address (P.O. Box Number is Not Acceptable)  
**498 Palm Springs Drive Suite 235**  
 City **Altamonte Springs** FL Zip Code **32701**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE DATE \_\_\_\_\_

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD AVELLA, SUSAN 953 SYKES CT. ORLANDO, FL 32828	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHULTZ, PAULETTE 955 SYKES CT ORLANDO, FL 32828	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HOPE, BARBIERI 963 SYLES CT 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Brenda G. Armstrong 957 Sykes Ct Orlando FL 32828	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Kimberly A. Smith 953 Sykes Ct Orlando, FL 32828	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR