## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 21, 2005 8:00 am Secretary of State

03-21-2005 90119 029 \*\*\*\*61.25

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THATCHER'S LANDING CONDOMINIUM NO. 10 ASSOCIATION, INC.



Principal Place of Business PENNFIRST/BOYLE MANAGEMENT, INC. Mailing Address

PENNFIRST/BOYLE MANAGEMENT, INC.

498 PALM SPRINGS DRIVE, STE 235 ALTAMONTE SPRINGS, FL 32701		498 PALM SPRINGS DE ALTAMONTE SPRINGS,			50029405					
2. Principal P	lace of Busin	F Homes	3. Mailing Address	of Homes						
Suite, Apt. #, etc. 820 Palmway 5+		Suite, Apt. #, etc. Palm waw St		SF 02012005	Chg-NP (	CR2E037 (10/03)				
City & State		City & State  Kiss.imme	e, El	4. FEI Numb 59-341	er 2743	<u> </u>	plied For t Applicable			
34744 Osceola		3 <sup>219</sup> 4744	Osceola		of Status Desired	S8.75 Add Fee Require	t			
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
BOYLE, JAMES 498 PALM SPRINGS DRIVE, STE 235 ALTAMONTE SPRINGS, FL 32701			Name Street Add	dress (9.9. Box Numb	Z er is Not Acceptable)					
ALIAMON		100,12 02/01		8.	20 Palm	way Sti				
			City K	issimmee	<del></del>	FL ZgC	744			
8. The above	named entity	y submits this statement (	r ne purpose of changing its	registered office or re	egistered agent, or bo	th, in the State of Florid	<ol> <li>a. I am familiar with.</li> </ol>	and accept		
tue opligar	ions of regist	ered agont.	/, / 4	La La	<b>λ</b> .	2	111-15			
SIGNATURE .	۷.	MU D	les 1	ICKI a	Dia7_	<i>Э</i> -	147			
SIGNATURE .	Signature, typed	or printed name of registered agent	and title applicable. (NOTI	: Registered Agent signature	required when reinstating)		DATE			
·					_ \$5.00 May E	- 1	e check payable to			
Filing Fee is \$61.25 Due by May 1, 2005		i y. Election Car	9. Election Campaign Financing Trust Fund Contribution.							
	_				Added to Fees	Florida	Department of St			
10.	Due by N		Trust Fund (	Contribution.	Added to Fees ADDITIONS/CH		AND DIRECTORS IN	10		
TITLE	Due by N	OFFICERS AND DI	Trust Fund (	11.	Added to Fees  ADDITIONS/CH	ANGES TO OFFICERS				
TITLE NAME	P ARMSTRO	OFFICERS AND DI	Trust Fund (	11.	Added to Fees  ADDITIONS/CH	ANGES TO OFFICERS	AND DIRECTORS IN	10		
TITLE	P ARMSTRO 957 SKYE	OFFICERS AND DI	Trust Fund (	11.	Added to Fees  ADDITIONS/CH	ANGES TO OFFICERS  TES  CH	AND DIRECTORS IN	10		
TITLE NAME STREET ADDRESS	P ARMSTRO 957 SKYE	OFFICERS AND DI ONG, BRENDA G S CT.	Trust Fund (	11, TITLE NAME STREET ADDRESS	Added to Fees  ADDITIONS/CH	ANGES TO OFFICERS	AND DIRECTORS IN	10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P ARMSTRO 957 SKYE ORLANDO VP SMITH, K	OFFICERS AND DI ONG, BRENDA G ES CT. D, FL 32828	Trust Fund ( RECTORS	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Added to Fees  ADDITIONS/CH	ANGES TO OFFICERS  TES  CH	AND DIRECTORS IN	10 Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P ARMSTRO 957 SKYE ORLANDO VP SMITH, K 953 SKYE	OFFICERS AND DI ONG, BRENDA G S CT. O, FL 32828 IMBERLY S CT.	Trust Fund ( RECTORS	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Added to Fees  ADDITIONS/CH	ANGES TO OFFICERS  TES  CH	AND DIRECTORS IN	10 Addition		
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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:

G OFFICER OR DIRECTOR

Daytime Phone #