


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

DOCUMENT # N96000006029			
1. Entity Name THATCHER'S LANDING CONDOMINIUM NO. 10 ASSOCIATION, INC.			
Principal Place of Business PENNFIRST/BOYLE MANAGEMENT, INC. 498 PALM SPRINGS DRIVE, STE 235 ALTAMONTE SPRINGS, FL 32701		Mailing Address PENNFIRST/BOYLE MANAGEMENT, INC. 498 PALM SPRINGS DRIVE, STE 235 ALTAMONTE SPRINGS, FL 32701	
2. Principal Place of Business <i>World of Homes</i>		3. Mailing Address <i>World of Homes</i>	
Suite, Apt. #, etc. <i>820 Palmway St</i>		Suite, Apt. #, etc. <i>820 Palmway St</i>	
City & State <i>Kissimmee, Fl.</i>		City & State <i>Kissimmee, Fl.</i>	
Zip <i>34744</i>	Country <i>Osceola</i>	Zip <i>34744</i>	Country <i>Osceola</i>
4. FEI Number 59-3412743		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOYLE, JAMES 498 PALM SPRINGS DRIVE, STE 235 ALTAMONTE SPRINGS, FL 32701		7. Name and Address of New Registered Agent Name <i>Vicki Diaz</i> Street Address (P.O. Box Number is Not Acceptable) <i>World of Homes</i> <i>820 Palmway St.</i> City <i>Kissimmee</i> FL Zip Code <i>34744</i>	
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 <i>[Signature]</i>		SIGNATURE <i>Vicki Diaz</i> DATE <i>3-14-05</i>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARMSTRONG, BRENDA G 957 SKYES CT. ORLANDO, FL 32828 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	R Shultz, JAMES 955 SYKES CT Orlando, FL 32828 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMITH, KIMBERLY 953 SKYES CT. ORLANDO, FL 32828 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	STD Brandt, Hope 963 Styles Ct Orlando FL 32828 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: <i>Nape A. Brandt</i>		Date <i>2/5/05</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

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