

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90669 048 ****61.25

DOCUMENT # **N96000006029**

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



Principal Place of Business Mailing Address
~~452 MARK TWAIN BLVD~~ ~~453 MARK TWAIN BLVD~~
~~ORLANDO FL 32828~~ ~~GUITE B~~
~~ORLANDO FL 32828~~

2. Principal Place of Business 3. Mailing Address
PENN FIRST **PENN FIRST**
MANAGEMENT INC **MANAGEMENT INC**
1813 N.DEAN RD **1813 N.DEAN RD**
ORLANDO FL 32817 **ORLANDO FL 32817**



CHECK HERE IF MAKING CHANGES

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

~~SHEELER, LAWRENCE M~~
~~C/O-PENN FIRST MANAGEMENT~~
~~453 MARK TWAIN BLVD~~
~~ORLANDO FL 32828~~

7. Name and Address of New Registered Agent

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

FL Zip Code

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 **LAWRENCE SHEELER PRESIDENT 2/27/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete VD AVELLA, SUSAN 953 SYKES CT. ORLANDO FL 32828	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 PD SHULTZ, PAULETTE 955 SYKES CT. ORLANDO FL 32828	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 STD HOPE, BARBIERI 963 SYLES CT ORLANDO FL 32828	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **SIGNATURE PAULETTE SHULTZ** **Paulette A. Shultz 2/25/03 407-249**

CR2E037 (10/02)