2001 UNIFORM BUSINESS REPORT (UBR)

Jun 19, 2001 8:00 am DOCUMENT # N96000002226 **Secretary of State** 05-22-2001 90061 047 ****61.25 THATCHER'S LANDING CONDOMINIUM NO. 9 ASSOCIATION Principal Place of Business Mailing Address 444 W NEW ENGLAND AVE -444 W NEW ENGLAND AVE SUITE B SUITE B WINTER PARK FL 32789 WINTER PARK FL 32789 2. Principal Place of Business 3, Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3389088 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) MALCOM, THOMAS D 444 W NEW ENGLAND AVE SUITE B Zip Code WINTER PARK FL 32789 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, typed or printed name of registered agent and title if applicable. (NOTE: Redistered Agent signature required when reinstating) DATE FILE NOW: 9. Election Campaign Financing \$5.00 May Be • Make Check Payable to Trust Fund Contribution. Department of State FEE IS \$61.25 Added to Fees ż MAKER BUTTON TO STEEL TO ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PID TELLE PD TITLE Delete myers, MAME FRANKLIN, HAROLD NAME STREET ADDRESS 12106 BRUCETON WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32828 TITLE STD ☐ Delete TITLE Additic MANAGE STATE STRAUSS, JOSETTA NAME STREET ADDRESS 12144 BRUCETON WAY STREET ADDRESS CATY-ST-ZIP ORLANDO FL 32828 CITY-ST-ZIP Tannello, Chris 12/14 Bruceton Way TITLE **VD** TITLE ☐ Change Additi Delete NAME BADER, STEPHANIE NAME STREET ADDRESS 12122 BRUCETON WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32828 MILE Detete TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Add TOTAL F Delete TITL F ☐ Change MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Adi:

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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 direct 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 changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

MAME

STREET ADDRESS

CATY-ST-ZIP

4/c/n1 undour