

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000002226

**Entity Name:** THATCHER'S LANDING CONDOMINIUM NO. 9 ASSOCIATION, INC.

**FILED**  
**Mar 04, 2014**  
**Secretary of State**  
**CC3236586293**

**Current Principal Place of Business:**

1850 N ALAFAYA TR, SUITE 1A  
ORLANDO, FL 32826

**Current Mailing Address:**

PO BOX 781334  
ORLANDO, FL 32878

**FEI Number: 59-3389088**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

COMMUNITY MANAGEMENT RESOURCES, LLC  
1850 N ALAFAYA TR, SUITE 1A  
ORLANDO, FL 32826 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	PD	Title	VP
Name	LAVECK, THOMAS L	Name	ORENDORF, KATHY
Address	PO BOX 7813345	Address	PO BOX 7813345
City-State-Zip:	ORLANDO FL 32878	City-State-Zip:	ORLANDO FL 32878
Title	SD		
Name	LAVECK, JANE		
Address	PO BOX 781334		
City-State-Zip:	ORLANDO FL 32878		

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: THOMAS LAVECK**

**PRESIDENT**

**03/04/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date