


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90022 042 ****61.25

DOCUMENT # N40024 1. Entity Name THATCHER'S LANDING CONDOMINIUM NO. 1 ASSOCIATION, INC.					
Principal Place of Business 2884 S. OSCEOLA AVE. ORLANDO, FL 32806			Mailing Address 2884 S. OSCEOLA AVE. ORLANDO, FL 32806		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent WORLD OF HOMES 2884 S. OSCEOLA AVE ORLANDO, FL 32806				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	ST FORTIER, KRISTIN <input checked="" type="checkbox"/> Delete 12325 SHADY SPRING WAY ORLANDO, FL 32828		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. Barbara Miller <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 12325 Shady Spring Way Orlando, FL 32828	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BUSH, JOYCE <input type="checkbox"/> Delete 12305 SHADY SPRING WAY 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	VP GALLASS, BARBARA <input type="checkbox"/> Delete 12325 SHADY SPRING WAY 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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 exemptions contained in Chapter 119, 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: <u>Joyce Bush, Pres. Condo I</u> <u>Joyce Bush</u> 1-30-08 380-3482 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40020359



01072008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3053549

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WORLD OF HOMES
2884 S. OSCEOLA AVE
ORLANDO, FL 32806

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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.

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Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

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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CITY-ST-ZIP
ST
FORTIER, KRISTIN ☒ Delete
12325 SHADY SPRING WAY
ORLANDO, FL 32828

TITLE
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STREET ADDRESS
CITY-ST-ZIP
Sec. Barbara Miller ☐ Change ☒ Addition
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Orlando, FL 32828

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BUSH, JOYCE ☐ Delete
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ORLANDO, FL 32828

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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SIGNATURE: Joyce Bush, Pres. Condo I Joyce Bush 1-30-08 380-3482
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #