

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90069 038 ****61.25

DOCUMENT # N40423 1. Entity Name THATCHER'S LANDING HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business WORLD OF HOMES 820 PALMWAY ST KISSIMMEE, FL 34744 US		Mailing Address WORLD OF HOMES 820 PALMWAY ST KISSIMMEE, FL 34744 US	
2. Principal Place of Business World of Homes 2884 S. OSCEOLA AVE Orlando FL		3. Mailing Address World of Homes 2884 S. OSCEOLA AVE Orlando FL	
4. FEI Number 59-3234650		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired - <input type="checkbox"/> \$8.75 Additional Fee Required		04202006 Chg-NP CR2E037 (11/05)	
6. Name and Address of Current Registered Agent DIAZ, VICKI 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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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.</small>		Vicki Diaz <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2006		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 PD NAME TYUS, MICHELLE STREET ADDRESS 954 SYKES CT. CITY-ST-ZIP ORLANDO, FL 32828	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE STD NAME PETTIE, NOLA MAE STREET ADDRESS 120 22 SHADY SPRING WAY CITY-ST-ZIP ORLANDO, FL 32828	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME FREDRICKS, JANE STREET ADDRESS 12190 SHADY SPRING WAY CITY-ST-ZIP ORLANDO, FL 32828	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME MYERS, BRENDA STREET ADDRESS 12101 BRVCTON WY CITY-ST-ZIP ORLANDO, FL 32828	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME BELK, BOB STREET ADDRESS 543 LAKE HAVEN CIRCLR CITY-ST-ZIP 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	<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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		2-20-06 <small>Date</small>	
407-237-6070 <small>Daytime Phone #</small>			