

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90180 025 ****61.25

DOCUMENT # N40423

1. Entity Name
THATCHER'S LANDING HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**WORLD OF HOMES
2884 S OSCEOLA AVE
ORLANDO, FL 32806 US**

Mailing Address
**WORLD OF HOMES
2884 S OSCEOLA AVE
ORLANDO, FL 32806 US**

40050148



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

03082007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3234650

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

**DIAZ, VICKI
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.

SIGNATURE

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, 2007**

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

TITLE PD ☒ Delete
NAME TYUS, MICHELLE
STREET ADDRESS 954 SYKES CT.
CITY-ST-ZIP ORLANDO, FL 32828

TITLE PD ☒ Change ☐ Addition
NAME *Bush Joyce*
STREET ADDRESS *12305 Shady Springs Way*
CITY-ST-ZIP *Orlando, FL 32828* ☒ **PELLETIER**

TITLE STD ☐ Delete
NAME PETTIE, NOLA MAE
STREET ADDRESS 120 22 SHADY SPRING WAY
CITY-ST-ZIP ORLANDO, FL 32828

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME FREDRICKS, JANE
STREET ADDRESS 12190 SHADY SPRING WAY
CITY-ST-ZIP ORLANDO, FL 32828

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME MYERS, BRENDA
STREET ADDRESS 12101 BRVCTON WY
CITY-ST-ZIP ORLANDO, FL 32828

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BELK, BOB
STREET ADDRESS 543 LAKE HAVEN CIRCLR
CITY-ST-ZIP ORLANDO, FL 32828

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-07

Date

Daytime Phone #