## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N40423

FILED Mar 12, 2009 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 

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

**New Mailing Address: Current Mailing Address:** 

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

FEI Number: 59-3234650 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

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

Date

Electronic Signature of Registered Agent

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition PETTIE, NOLA MAE Name: PETTIE, NOLA MAE Name: 120 22 SHADY SPRING WAY Address: 12202 SHADY SPRING WAY Address:

City-St-Zip: ORLANDO, FL 32828 City-St-Zip: ORLANDO, FL 32828

Title: Title: ( ) Delete () Change () Addition

FREDRICKS, JANE Name: Name: Address: 12190 SHADY SPRING WAY Address: City-St-Zip: ORLANDO, FL 32828 City-St-Zip:

Title: () Delete Title: PD (X) Change ( ) Addition

MYERS, BRENDA MYERS, BRENDA Name: Name: 12101 BRVCETON WY 12101 BRUCETON WAY Address: Address: City-St-Zip: ORLANDO, FL 32828 City-St-Zip: ORLANDO, FL 32828

( ) Delete Title: Title: () Change () Addition

Name: BELK, BOB Name: 543 LAKE HAVEN CIRCLR Address: Address: City-St-Zip: ORLANDO, FL 32828 City-St-Zip:

Title: () Delete Title: VPD (X) Change ( ) Addition

DURING, JIM BUSH, JOYCE Name: Name:

987 TILLERY LN 12305 SHADY SPRING WAY Address: Address: City-St-Zip: ORLANDO, FL 32828 City-St-Zip: ORLANDO, FL 32828

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: TOM TEMPFER MGR 03/12/2009