

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2006 8:00 am
Secretary of State

06-07-2006 90001 013 ****61.25

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04282006 Chg-NP CR2E037 (4/06)

DOCUMENT # N41898
1. Entity Name
**THATCHER'S LANDING CONDOMINIUM NO. 2
ASSOCIATION, INC.**



Principal Place of Business
**PENN FIRST/BOYLE MANAGEMENT INC.
498 PALM SPRINGS DRIVE
ALTAMONTE SPRINGS, FL 32701 US**

Mailing Address
**498 PALM SPRINGS DRIVE
#235
ALTAMONTE SPRINGS, FL 32701 US**

2. Principal Place of Business
1801 Cook Avenue
Suite, Apt. #, etc.

3. Mailing Address
1801 Cook Avenue
Suite, Apt. #, etc.

City & State
Orlando, Florida

Zip
32806

Country
Orange

4. FEI Number
59-3053551

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**DON ASHER & ASSOC
52 E SOUTH STREET
ORLANDO, FL 32801**

7. Name and Address of New Registered Agent
Name **Steven D. Asher**
Street Address (P.O. Box Number is Not Acceptable)
1801 Cook Avenue
City **Orlando** FL Zip Code **32806**

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]** (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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 NAME STREET ADDRESS CITY-ST-ZIP	P SCOTT, JUDITH 992 TILLERY WAY ORLANDO, FL 32828 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Marianne Bannister 12312 Shady Springs Way Orlando, FL 32828 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BERUBE, SARAH 12308 SHADY SPRING WAY ORLANDO, FL 32828 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Keith Robinson 996 Tillery Way Orlando, FL 32828 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROUTLEDGE, SHARON 12320 SHADY SPRING WAY ORLANDO, FL 32828 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Jaycelyn Espejo 1387 Prospect Cir. NE Palm Bay, FL 32907 <input type="checkbox"/> Change <input checked="" 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
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
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: **[Signature]** **6-3-06** **407-207-0763**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #