
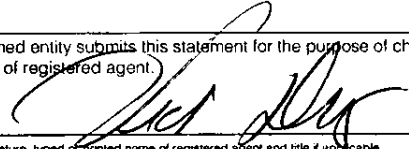



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90028 013 ****61.25

DOCUMENT # N41898 1. Entity Name THATCHER'S LANDING CONDOMINIUM NO. 2 ASSOCIATION, INC.					
Principal Place of Business 1801 COOK AVE ORLANDO, FL 32806 US			Mailing Address 1801 COOK AVE ORLANDO, FL 32806 US		
2. Principal Place of Business - No P.O. Box # 2884 S. Osceola Ave		3. Mailing Address 2884 S. Osceola Ave			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Orlando, FL		City & State Orlando, FL		4. FEI Number 59-3053551	
Zip 32806		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ASHER, STEVEN D 1801 COOK AVE ORLANDO, FL 32806		7. Name and Address of New Registered Agent Name World of Homes Street Address (P.O. Box Number is Not Acceptable) 2884 S. Osceola Ave 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  Vicki Diaz 3-30-07 <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, 2007		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	P BANNISTEL, MARIANNE 12312 SHADEY SPRINGS WAY ORLANDO, FL 32828		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROBINSON, KEITH 996 TILLERY WAY ORLANDO, FL 32828		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ESPEJO, JAYCELYN 1387 PROSPECT CIR NE PALM BAY, FL 32907		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
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  4-4-07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					