

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000003378
1. Corporation Name

Thatchers Landing Condominium No. 3 Association, Inc.

Principal Place of Business Mailing Address
Specialty Mgmt. Co. 2180 Park Ave. North
of Central Florida, Inc. Suite 326
2180 Park Ave. N. #326
Winter Park, FL 32789 Winter Park, FL 32789

3. Date Incorporated or Qualified	3a. Date of Last Report
05/24/1993	07/05/95
4. FEI Number	Applied For
59-3198229	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent
Thomas D. Malcom
Specialty Mgmt. Co. of Central Fl, Inc.
2180 Park Ave. N. #326
Winter Park, FL 32789

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1509, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Thomas D. Malcom DATE 4-9-96
(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	12 NAME
DP	Andrea Brackin		
1110 Douglas Ave. #3000		13 STREET ADDRESS	14 CITY - ST - ZIP
Altamonte Sp., FL 32714			
TITLE	NAME	21 TITLE	22 NAME
DV	Betty Poe		
12261 Shady Spring Way		23 STREET ADDRESS	24 CITY - ST - ZIP
Orlando, FL 32828			
TITLE	NAME	31 TITLE	32 NAME
DST	Rosamond Deason		
12253 Shady Spring Way		33 STREET ADDRESS	34 CITY - ST - ZIP
Orlando, FL 32828			
TITLE	NAME	41 TITLE	42 NAME
STREET ADDRESS		43 STREET ADDRESS	44 CITY - ST - ZIP
TITLE	NAME	51 TITLE	52 NAME
STREET ADDRESS		53 STREET ADDRESS	54 CITY - ST - ZIP
TITLE	NAME	61 TITLE	62 NAME
STREET ADDRESS		63 STREET ADDRESS	64 CITY - ST - ZIP

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: Andrea L. Brackin DATE: 4/9/96 DAYTIME PHONE: 407-682-7266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)