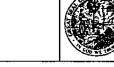
2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N93000003634

THATCHER'S LANDING CONDOMINIUM NO. 5
ASSOCIATION INC



7.000011	411014, II40.					175					
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 ORLANDO, FL 32806				US			1 10 10 10 10 10 10 10 10 10 10 10 10 10	IKIN Ba ith Bai th Ba ith I	10iil 81ib1 Birs bi	E 1 1414 8 41	
2. Principal Place of Business - No P.O. Box # 3. I			3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					01072008 Ch	g-NP	CR2E037 (1	2/06)	
City & Stat	le	City & State					4. FEI Number 59-3319109	9			oplied For of Applicable
Zip Country		Zip	Zip C		Country		_5,_Certificate.of.Sta	tus.Desired		75 Add	ditional
	6. Name and Address of Curren	t Registere	d Agent				7. Name and Addr	ess of New Re	gistered Agen	t	
	KI SCEOLA AVENUE D, FL 32806				Street A	ddress (P.O. Box Number is N	lot Acceptable)	FL ⁷		
the obligat	e named entity submits this statement itions of registered agent.	or the purp	ase of changing its r	egistere	ed office o	register	red agent, or both, in t	he State of Flori		ar with,	and accept
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if app	licable. (NOTE:	Registere	d Agent signat	ure required	when reinstating)		DATE		
Filing Fee is \$61.25 Due by May 1, 2008 9. Election Campaig Trust Fund Contri							\$5.00 May Be Added to Fees		ke check pay la Departmer		
10. OFFICERS AND DIR			CTORS 11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					110
NAME STREET ADDRESS CITY-ST-ZIP	STD DURNING, JAMES 987 TILLERY WAY ORLANDO, FL 32837		☐ Delete				रहे क			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HUGGINS, MARY 959 TILLERY WAY ORLANDO, FL 32828		☐ Delete			Pres	dark		<u></u>	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REPINTA, VERNON 995 TILLERY WAY ORLANDO, FL 32828		Deleie			A 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ne Anderso 1 Tillery War Vando, Fl	n 1 32828		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREE						Change	☐ 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 trusted expowered 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

FILED

Feb 14, 2008 8:00 am Secretary of State

02-14-2008 90026 007 ****61.25