## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N93000003634

FILED Mar 03, 2009 Secretary of State

Entity Name: THATCHER'S LANDING CONDOMINIUM NO. 5 ASSOCIATION, INC.

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

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

Current Mailing Address: New Mailing Address:

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

FEI Number: 59-3319109 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 2884 S. OSCEOLA AVENUE 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:

\_\_\_\_\_

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:STD () DeleteTitle:ST (X) Change () AdditionName:DURNING, JAMESName:DURNING, JAMESAddress:987 TILLERY WAYAddress:987 TILLERY WAY

Address: 987 TILLERY WAY Address: 987 TILLERY WAY
City-St-Zip: ORLANDO, FL 32837 City-St-Zip: ORLANDO, FL 32837

Title: P ( ) Delete Title: ( ) Change ( ) Addition Name: HUGGINS, MARY Name:

 Name:
 HUGGINS, MARY
 Name:

 Address:
 959 TILLERY WAY
 Address:

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

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

 Name:
 ANDERSON, DANE
 Name:
 ANDERSON, DANE

 Address:
 944 TIXERY WAY
 Address:
 944 TILLERY WAY

 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: CRYSTAL SOLIS LCAM 03/03/2009