2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2007 8:00 am Secretary of State

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THATCHER'S LANDING CONDOMINIUM NO. 9 ASSOCIATION, INC.



Principal Plac C/O 2884 S ORLANDO, F	OSCEOLA AVE	C/O 2	Mailing Address C/O 2884 S OSCEOLA AVE ORLANDO, FL 32806 US									
2. Principal F	Place of Business - No P.O.	Box # 3. Maili	3. Mailing Address									
Suite, Apt.	#, elc.	Suil	Suite, Apt. #, etc.				01272007	Chg-NP	CR2E	037 (12/06)		
City & Stat	e	City	City & State				E0 3390099				plied For of Applicable	
Zip	Country	Zip	Zip Cou			5. Certificate of Status Desired See Required Fee Required						
	6. Name and Address	of Current Registered	l Agent				7. Name and	Address of New	Registere	d Agent	·	
FERDINANDSEN ENTERPRISES, INC. 2884 S. OSCEOLA AVE. ORLANDO, FL 32806					Name Street Address (P.O. Box Number is Not Acceptable)							
					City	City FL Zip Code						
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, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE												
Filing Fee is \$61.25 Due by May 1, 2007			Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be Added to Fees Make check payable to Florida Department of Sta					
10.	OFFICE	RS AND DIRECTORS	11.			A	ADDITIONS/CH	ANGES TO OFFIC	ERS AND I	DIRECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MYERS, LARRY 12101 BROCETON WA ORLANDO, FL 32828	AY	☐ Defele							☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MYERS, BRENDA 12101 BRUCETON WA ORLANDO, FL 32828	ΑΥ	☐ Delete							☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CAMPBELL, ROSS 12125 BRUCETON WAY ORLANDO, FL 32828		Delete			VP/ 2A1 121 OR	NOT AURCK JANE 100 BRUCHTON WAY LLAND, FL. 32828			□ Chaлge	Audition	
THLE NAME STREET ADDRESS CHY-ST-ZIP			☐ Delete							☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete				_			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							Change	☐ Addition	

12. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #