

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90026 032 \*\*\*\*61.25

**DOCUMENT # N96000006029**

1. Entity Name  
**THATCHER'S LANDING CONDOMINIUM NO. 10  
ASSOCIATION, INC.**



Principal Place of Business  
**C/O 2884 S OSCEOLA AVE  
ORLANDO, FL 32806**

Mailing Address  
**C/O 2884 S OSCEOLA AVE  
ORLANDO, FL 32806**

**40057719**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01272007

Chg-NP

CR2E037 (12/06)

4. FEI Number

**59-3412743**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DIAZ, VICKI  
2884 S. OSCEOLA AVENUE  
ORLANDO, FL 32806**

Name

Street Address (P.O. Box Number is Not Acceptable)

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 reappointing)

DATE

**Filing Fee Is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 VP ☐ Delete  
NAME SMITH, KIMBERLY  
STREET ADDRESS 953 SKYES CT.  
CITY-ST-ZIP ORLANDO, FL 32828

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE P ☒ Delete  
NAME BRANDT, HOPE  
STREET ADDRESS 963 SYLES CT  
CITY-ST-ZIP ORLANDO, FL 32828

TITLE ☐ Change ☒ Addition  
NAME **SCHLEIDER, ANN**  
STREET ADDRESS **931 SYKES CT**  
CITY-ST-ZIP **ORLANDO, FL. 32828**

TITLE STD ☐ Delete  
NAME SHULTZ, JAMES  
STREET ADDRESS 955 SYKES CT  
CITY-ST-ZIP ORLANDO, FL 32828

TITLE ☒ Change ☐ Addition  
NAME **P/T/D**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAMES A. SHULTZ**

Date

Daytime Phone #

**4-6-07 321-235-1317**