


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2006 8:00 am
Secretary of State

06-05-2006 90152 021 ****61.25

DOCUMENT # N97000001406 1. Entity Name THATCHER'S LANDING CONDOMINIUM NO. 11 ASSOCIATION, INC.																										
Principal Place of Business PENN FIRST MANAGEMENT, INC. 498 PALM SPRINGS DRIVE #235 ALTAMONTE SPRINGS, FL 32701 US		Mailing Address PENN FIRST MANAGEMENT, INC. 498 PALM SPRINGS DRIVE #235 ALTAMONTE SPRINGS, FL 32701 US																								
2. Principal Place of Business 1801 Cook Avenue Suite, Apt. #, etc.		3. Mailing Address 1801 Cook Avenue Suite, Apt. #, etc.																								
City & State Orlando, Florida Zip 32806		City & State Orlando, Florida Zip 32806																								
4. FEI Number 59-3437645		Applied For <input type="checkbox"/> Not Applicable																								
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																								
6. Name and Address of Current Registered Agent DON ASHEV & ASSOC. 52 E. SOUTH STREET ORLANDO, FL 32801		7. Name and Address of New Registered Agent Name Steven D. Asher Street Address (P.O. Box Number is Not Acceptable) 1801 Cook Avenue City Orlando FL Zip Code 32806																								
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 <u><i>[Signature]</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____																										
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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																								
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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: <u>Mara Slifkin</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1 June 06 Date Daytime Phone #																								