

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90092 002 ****61.25

DOCUMENT # N97000001406

1. Entity Name
**THATCHER'S LANDING CONDOMINIUM NO. 11
ASSOCIATION, INC.**



Principal Place of Business
**2884 S. OSCEOLA AVENUE
ORLANDO, FL 32806 US**

Mailing Address
**2884 S. OSCEOLA AVENUE
ORLANDO, FL 32806 US**

40054999



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03212007

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number

59-3437645

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**FERDINANDSEN ENTERPRISES, INC.,
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 reinstating)

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 PD ☐ Delete
NAME SLIFKIN, MARA
STREET ADDRESS 12182 SHADY SPRING WAY
CITY-ST-ZIP ORLANDO, FL 32828

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

TITLE TD ☐ Delete
NAME FREDERICKS, JANE
STREET ADDRESS 12190 SHADY SPRINGS WAY
CITY-ST-ZIP ORLANDO, FL 32828

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

TITLE SD ☐ Delete
NAME LYNCH, NANCY
STREET ADDRESS 12180 SHADY SPRINGS WAY
CITY-ST-ZIP ORLANDO, FL 32828

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

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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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:

Jane Fredricks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/07 *407 356 5552*
Date Daytime Phone #