2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2009
Secretary of State

DOCUMENT# N97000001406

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

Current Principal Place of Business:

2884 S. OSCEOLA AVENUE
ORLANDO, FL 32806 US

New Principal Place of Business:

Current Mailing Address:

2884 S. OSCEOLA AVENUE
ORLANDO, FL 32806 US

New Mailing Address:

FEI Number: 59-3437645 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FERDINANDSEN ENTERPRISES, INC,
2884 S. OSCEOLA AVENUE
ORLANDO, FL 32806 US

Name and Address of New Registered Agent:

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:

Title: SD ( ) Delete
Name: SLIFKIN, MARA
Address: 12182 SHADY SPRING WAY
City-St-Zip: ORLANDO, FL 32828

Title: PD ( ) Delete
Name: FREDERICKS, JANE
Address: 12190 SHADY SPRINGS WAY
City-St-Zip: ORLANDO, FL 32828

Title: TD ( ) Delete
Name: LYNCH, NANCY
Address: 12180 SHADY SPRINGS WAY
City-St-Zip: ORLANDO, FL 32828

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change ( ) Addition
Name: SLIFKIN, MARA
Address: 12182 SHADY SPRING WAY
City-St-Zip: ORLANDO, FL 32828

Title: P (X) Change ( ) Addition
Name: FREDERICKS, JANE
Address: 12190 SHADY SPRINGS WAY
City-St-Zip: ORLANDO, FL 32828

Title: VP (X) Change ( ) Addition
Name: LYNCH, NANCY
Address: 12180 SHADY SPRINGS WAY
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

Electronic Signature of Signing Officer or Director — Date