

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthern
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 741836 (1)
1. Corporation Name
THORNHILL HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business Mailing Address
P O BOX 2192 BOCA RATON FL 33427
BOCA RATON FL 33427

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/27/1978** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-1804438** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 25 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**SILVERMAN, BARBARA
22260 MORNING GLORY TERRACE
BOCA RATON FL 33433**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS
TITLE VD
NAME WASSERMAN, JACI
STREET ADDRESS 22240 HOLLYHOCK TRAIL
CITY-ST-ZIP BOCA RATON FL
TITLE P
NAME SILVERMAN, BARBARA
STREET ADDRESS 22260 MORNING GLORY TERRACE
CITY-ST-ZIP BOCA RATON FL
TITLE S
NAME WEINSTEIN, EVE
STREET ADDRESS POST OFFICE BOX 2192
CITY-ST-ZIP BOCA RATON FL
TITLE T
NAME KARSTEN, RICHARD
STREET ADDRESS 22199 HOLLYHOCK TRAIL
CITY-ST-ZIP BOCA RATON FL
TITLE D
NAME DOYLE, JOHN
STREET ADDRESS 22153 PRIMROSE WAY
CITY-ST-ZIP BOCA RATON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
1.1 TITLE Change Addition
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME Rita Bari
3.3 STREET ADDRESS 22274 Morning Glory Terrace
3.4 CITY-ST-ZIP Boca Raton, FL 33433
4.1 TITLE Change Addition
4.2 NAME Dwight Gear
4.3 STREET ADDRESS 22249 Larkspur Trail
4.4 CITY-ST-ZIP Boca Raton, FL 33433
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME Barry Schulte
6.3 STREET ADDRESS 32245 Alyssum Way
6.4 CITY-ST-ZIP Boca Raton, FL 33433

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: Barbara S. Silverman 5/25/95 (407) 368-4420
President Date Daytime Phone #