

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

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



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

3. Date Incorporated or Qualified: **02/27/1978**  
3a. Date of Last Report: **05/01/1995**

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 2a. Mailing Address |         |
| 21                             | 26      | Suite, Apt. #, etc. |         |
| 22                             | 27      | City & State        |         |
| 23                             | 28      | City & State        |         |
| 24                             | 25      | 29                  | 30      |
| Zip                            | Country | Zip                 | Country |

|   |   |
|---|---|
| 4. FEI Number   | Applied For   |
| <b>59-1884438</b>   | <input type="checkbox"/> Not Applicable                             |
| 5. Certificate of Status Desired  | <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>      |
| 6. Election Campaign Financing Trust Fund Contribution                                  | <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>         |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

|   |  |  |  |  |  |    |          |
|---|--|--|--|--|--|----|----------|
| 9. Name and Address of Current Registered Agent   |  |  |  | 10. Name and Address of New Registered Agent |  |    |          |
| <b>SILVERMAN, BARBARA</b><br><b>22260 MORNING GLORY TERRACE</b><br><b>BOCA RATON FL 33433</b> |  |  |  | 81   | Name   |    |          |
|   |  |  |  | 82   | Street Address (P.O. Box Number is Not Acceptable) |    |          |
|   |  |  |  | 83   |  |    |          |
|   |  |  |  | 84   | City   | 85 | Zip Code |
|   |  |  |  | FL   |  |    |          |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--|---|--|
| TITLE                      | VD <input type="checkbox"/> DELETE           | 11 TITLE  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | WASSERMAN, JACI                              | 12 NAME   | <b>F</b> FRANK R. GUY  |
| STREET ADDRESS             | 22240 HOLLYHOCK TRAIL                        | 13 STREET ADDRESS                                     | 22167 TRILLIUM WAY   |
| CITY-ST-ZIP                | BOCA RATON FL                                | 14 CITY-ST-ZIP  | BOCA RATON, FL 33433   |
| TITLE                      | P <input type="checkbox"/> DELETE            | 21 TITLE  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SILVERMAN, BARBARA                           | 22 NAME   | <b>D</b> G. FREDERICK KUHN   |
| STREET ADDRESS             | 22260 MORNING GLORY TERRACE                  | 23 STREET ADDRESS                                     | 22154 TRILLIUM WAY   |
| CITY-ST-ZIP                | BOCA RATON FL                                | 24 CITY-ST-ZIP  | BOCA RATON, FL 33433   |
| TITLE                      | S <input checked="" type="checkbox"/> DELETE | 31 TITLE  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BARI, RITA                                   | 32 NAME   | <b>S</b> FUNICE DICKLER  |
| STREET ADDRESS             | 22274 MORNING GLORY TERRACE                  | 33 STREET ADDRESS                                     | 22233 LARKSPUR TRAIL   |
| CITY-ST-ZIP                | BOCA RATON FL                                | 34 CITY-ST-ZIP  | BOCA RATON, FL 33433   |
| TITLE                      | T <input checked="" type="checkbox"/> DELETE | 41 TITLE  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | GEAR, DWIGHT                                 | 42 NAME   | <b>D</b> CHERYL ABRAMSON   |
| STREET ADDRESS             | 22249 LARKSPUR TRAIL                         | 43 STREET ADDRESS                                     | 22145 HOLLYHOCK TRAIL  |
| CITY-ST-ZIP                | BOCA RATON FL                                | 44 CITY-ST-ZIP  | BOCA RATON, FL 33433   |
| TITLE                      | D <input checked="" type="checkbox"/> DELETE | 51 TITLE  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | DOYLE, JOHN                                  | 52 NAME   | <b>D</b> ALAN FISHER   |
| STREET ADDRESS             | 22153 PRIMROSE WAY                           | 53 STREET ADDRESS                                     | 22221 HOLLYHOCK TRAIL  |
| CITY-ST-ZIP                | BOCA RATON FL                                | 54 CITY-ST-ZIP  | BOCA RATON, FL 33433   |
| TITLE                      | D <input checked="" type="checkbox"/> DELETE | 61 TITLE  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SCHULTZ, BARRY                               | 62 NAME   | <b>D</b> DR. ALBERT REGAS  |
| STREET ADDRESS             | 22245 ALYSSUM WAY                            | 63 STREET ADDRESS                                     | 22263 MORNING GLORY TERRACE  |
| CITY-ST-ZIP                | BOCA RATON FL                                | 64 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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Frank R. Guy DATE: 107-392-1198  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)