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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 741836

1. Corporation Name

THORNHILL HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P O BOX 2192
BOCA RATON FL 33427

P O BOX 2192
BOCA RATON FL 33427



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

02/27/1978

4. FEI Number

59-1884438

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

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS DELETE

TITLE D DELETE

NAME G FREDERICK KUHN
STREET ADDRESS 22167 TRILLIUM WAY
CITY-ST-ZIP BOCA RATON FL 33433

TITLE D DELETE

NAME FRANK R GUY
STREET ADDRESS 22167 TRILLIUM WAY
CITY-ST-ZIP BOCA RATON FL 33433

TITLE S DELETE

NAME EUNICE DICKLER
STREET ADDRESS 22233 LARKSPUR TRAIL
CITY-ST-ZIP BOCA RATON FL 33433

TITLE D DELETE

NAME ~~CHERYL ABRAMSON~~
STREET ADDRESS ~~22145 HOLLYHOCK TRAIL~~
CITY-ST-ZIP ~~BOCA RATON FL 33433~~

TITLE D DELETE

NAME ALAN FISHER
STREET ADDRESS 22221 HOLLYHOCK TRAIL
CITY-ST-ZIP BOCA RATON FL

TITLE D DELETE

NAME WOLFF, ROBERT
STREET ADDRESS 22255 LAKSPUR TRAIL
CITY-ST-ZIP BOCA RATON FL 33433

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D Change Addition

1.2 NAME BARBARA FUCHS
1.3 STREET ADDRESS 22160 TRILLIUM WAY
1.4 CITY-ST-ZIP BOCA RATON, FL 33433

2.1 TITLE Change Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other, like empowered.

SIGNATURE:

Frank R. Guy SIGNATURE REQUIRED

2-16-99

561-392-1198

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)