


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90031 009 ****61.25

DOCUMENT # 741836
 1. Entity 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

BY: 1247



04072008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1884438	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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

DO NOT WRITE IN THIS SPACE

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

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D G FREDERICK KUHN 22154 TRILLIUM WAY BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT FRANK R GUY 22167 TRILLIUM WAY BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DICKLER, EUNICE 22233 LARKSPUR TRL BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SILVERMAN, BARBARA 22260 MORING GLORY TERRACE BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMALL, LEONARD 22138 LARKSPUR TRAIL BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEIN, ERIC 22188 VERBEM LUAU BOCA RATON, FL 33433

DO NOT WRITE IN THIS SPACE

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: Frank R. Guy **TREASURER - FRANK R. GUY 4-9-08 561-392-1198**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #