

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 745571 (0)

1. Corporation Name

THORNHILL VILLAGE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O BENCHMARK PROPERTY MGT. CO.
7932 WILES RD.
CORAL SPRINGS FL 33067
US

7932 WILES RD
C/O BENCHMARK PROP MAGMT
CORAL SPRINGS FL 33067
US

3. Date Incorporated or Qualified
01/16/1979

3a. Date of Last Report
04/10/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-2003449

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRUCE, PAULA
6648 THORNHILL COURT
BOCA RATON FL 33433

81 Name
A. Richard A. Tarquinio

82 Street Address (P.O. Box Number is Not Acceptable)
6642 Thornhill Ct.

83

84 City
Boca Raton

FL

85 Zip Code
33433

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 A. Richard Tarquinio

3-30-96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BRUCE, PAULA	
STREET ADDRESS	6648 THORNHILL COURT	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HAYMAN, DAVID	
STREET ADDRESS	6676 THORNHILL COURT	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	LLOYD, JACK	
STREET ADDRESS	6620 THORNHILL COURT	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Richard A. Tarquinio	
1.3 STREET ADDRESS	6642 Thornhill Ct.	
1.4 CITY-ST-ZIP	Boca Raton, FL 33433	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Peter Roberson	
2.3 STREET ADDRESS	6636 Thornhill Ct.	
2.4 CITY-ST-ZIP	Boca Raton, FL 33433	
3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Vivian Cardona	
3.3 STREET ADDRESS	6678 Thornhill Ct.	
3.4 CITY-ST-ZIP	Boca Raton, FL 33433	
4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Craig Vogeley	
4.3 STREET ADDRESS	6662 Thornhill Court	
4.4 CITY-ST-ZIP	Boca Raton, FL 33433	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Diane Birnbaum	
5.3 STREET ADDRESS	6644 Thornhill Ct.	
5.4 CITY-ST-ZIP	Boca Raton, FL 33433	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	David Hayman	
6.3 STREET ADDRESS	6676 Thornhill Ct.	
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)(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: A. Richard Tarquinio

3-30-96

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)