

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90040 007 ****61.25

DOCUMENT # 745571

1. Entity 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 33067-2071
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2003449

Applied For

Not Applied

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHNEIDER, ROBERT
6632 THORNHILL COURT
BOCA RATON FL 33433

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-----------------------------|--|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ROBERSON, PETER | |
| STREET ADDRESS | 6636 THORNHILL COURT | |
| CITY-ST-ZIP | BOCA RATON FL 33433 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | SCHNEIDER, ROBERT | |
| STREET ADDRESS | 6632 THORNHILL COURT | |
| CITY-ST-ZIP | BOCA RATON FL | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | CARDONA, LEIDA | |
| STREET ADDRESS | 6678 THORNHILL COURT | |
| CITY-ST-ZIP | BOCA RATON FL | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | RUBIN, CAROLE | |
| STREET ADDRESS | 6658 THORNHILL COURT | |
| CITY-ST-ZIP | BOCA RATON FL 33433 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | KEMPNER, JAKE | |
| STREET ADDRESS | 6654 THORNHILL CT. | |
| CITY-ST-ZIP | BOCA RATON FL 33433 | |
| TITLE | T | <input checked="" type="checkbox"/> Delete |
| NAME | BRUCE, PAULA | |
| STREET ADDRESS | 6648 THORNHILL COURT | |
| CITY-ST-ZIP | BOCA RATON FL 33433 | |

| | | | |
|----------------|-----------------------------|---------------------------------|-------------------------------------|
| TITLE | Treas-Director | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> |
| NAME | Lauwick, Leah | | |
| STREET ADDRESS | 6610 Thornhill Ct | | |
| CITY-ST-ZIP | Boa Raton, FL 33433 | | |
| TITLE | Vice Pres-Director | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> |
| NAME | Lloyd, Jack | | |
| STREET ADDRESS | 6620 Thornhill Dr | | |
| CITY-ST-ZIP | Boca Raton FL 33433 | | |
| TITLE | Director | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> |
| NAME | Kempner, Jake | | |
| STREET ADDRESS | 6654 Thornhill Ct | | |
| CITY-ST-ZIP | Boca Raton, FL 33433 | | |
| TITLE | Director | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> |
| NAME | Zachary, Nancy | | |
| STREET ADDRESS | 6672 Thornhill Ct | | |
| CITY-ST-ZIP | Boca Raton, FL 33433 | | |
| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

12. 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert Schneider* **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-344-5353

1/14/00

Date Daytime Phone #