

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

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