

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

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DOCUMENT # **745800** (3)
1. Corporation Name
THORNHILL MEWS HOMEOWNERS' ASSOCIATION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
7229 ARCADIA COURT 7229 ARCADIA COURT
PO BOX 2611 PO BOX 2611
BOCA RATON FL 33427 BOCA RATON FL 33427

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/02/1979	3a. Date of Last Report 03/25/1994
4. FEI Number 59-2029277	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

GERHARD, JAY M
7229 ARCADIA COURT
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
85 Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	WELCH, JACK
STREET ADDRESS	7222 CARMEL CT
CITY- ST- ZIP	BOCA RATON, FL 00000
TITLE	S
NAME	ILLIES, JEAN
STREET ADDRESS	7228 CARMEL CT
CITY- ST- ZIP	BOCA RATON, FL 00000
TITLE	TD
NAME	BELL, RHONDA
STREET ADDRESS	7216 CARMEL CT
CITY- ST- ZIP	BOCA RATON, FL 00000
TITLE	VPD
NAME	SABLO, ROBERTO
STREET ADDRESS	22444 ARCADIA CT
CITY- ST- ZIP	BOCA RATON, FL 00000
TITLE	VB
NAME	GUMING, KATHY
STREET ADDRESS	22405 ARCADIA CT
CITY- ST- ZIP	BOCA RATON, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CLIFFORD MERRITT	
1.3 STREET ADDRESS	7246 CARMEL COURT	
1.4 CITY- ST- ZIP	BOCA RATON, FL 33433	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY- ST- ZIP		
3.1 TITLE	VICE PRESIDENT DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JAY M. GERHARD	
4.3 STREET ADDRESS	7229 ARCADIA COURT	
4.4 CITY- ST- ZIP	BOCA RATON, FL 33433	
5.1 TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	GEORGE BOSMAN	
5.3 STREET ADDRESS	7228 ARCADIA COURT	
5.4 CITY- ST- ZIP	BOCA RATON, FL 33433	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY- ST- ZIP		

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(9)(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: Jay Gerhard **JAY GERHARD** 2/25/95 **907-392-2279**