

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996 *6-25-96* *3-7117*

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



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

3. Date Incorporated or Qualified: **02/02/1979**
3a. Date of Last Report: **03/06/1995**
4. FEI Number: **59-2029277**
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

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

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

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	MERRITT, CLIFFORD	
STREET ADDRESS	7246 CARMEL CT	
CITY-ST-ZIP	BOCA RATON, FL 00000	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	ILLIES, JEAN	
STREET ADDRESS	7228 CARMEL CT	
CITY-ST-ZIP	BOCA RATON, FL 00000	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BELL, RHONDA	
STREET ADDRESS	7216 CARMEL CT	
CITY-ST-ZIP	BOCA RATON, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GERHARD, JAY M.	
STREET ADDRESS	7229 ARCADIA CT	
CITY-ST-ZIP	BOCA RATON, FL 00000	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	BOSIAN, GEORGE	
STREET ADDRESS	7223 ARCADIA CT	
CITY-ST-ZIP	BOCA RATON, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<i>SD BOUBEK, JOHN</i>
2.3 STREET ADDRESS	<i>7245 CARMEL COURT</i>
2.4 CITY-ST-ZIP	<i>BOCA RATON, FL 33433</i>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<i>VPD VANI, JOSEPH</i>
5.3 STREET ADDRESS	<i>7210 CARMEL COURT</i>
5.4 CITY-ST-ZIP	<i>BOCA RATON, FL 33433</i>
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(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: *Jay Gerhard* *6/14/96*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRAE037 (12/95)