

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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



Principal Place of Business
7253
7253 ARCADIA COURT
PO BOX 2611
BOCA RATON FL 33427

Mailing Address
7253 ARCADIA COURT
PO BOX 2611
BOCA RATON FL 33427-2611

3. Date Incorporated or Qualified 02/02/1979
3a. Date of Last Report 06/25/1996

4. FEI Number 59-2029277 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

2. Principal Place of Business 21
Suite, Apt #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address 26
Suite, Apt #, etc. 27
City & State 28
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 JOAN G. JABLON
82 Street Address (P.O. Box Number is Not Acceptable) 7253 ARCADIA COURT
83 BOCA RATON, FL 33433
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: *Joan Jablon* DATE: 2/24/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input checked="" type="checkbox"/> DELETE
NAME	MERRITT, CLIFFORD	
STREET ADDRESS	7246 CARMEL CT	
CITY-ST-ZIP	BOCA RATON, FL 00000	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BOUCEK, JOHN	
STREET ADDRESS	7245 CARMEL COURT	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	BELL, RHONDA	
STREET ADDRESS	7216 CARMEL CT	
CITY-ST-ZIP	BOCA RATON, FL 00000	
TITLE	TD	<input checked="" 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	VANI, JOSEPH	
STREET ADDRESS	7210 CAMEL COURT	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Bruce Salituri	
1.3 STREET ADDRESS	23443 Arcadia Court	
1.4 CITY-ST-ZIP	Boca Raton, FL 33433	
2.1 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Spencer Dillman	
2.3 STREET ADDRESS	7259 Arcadia Ct.	
2.4 CITY-ST-ZIP	BOCA RATON, FL 33433	
3.1 TITLE	TRUSTEE V.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Robert Ross	
3.3 STREET ADDRESS	22450 Arcadia Ct.	
3.4 CITY-ST-ZIP	BOCA RATON, FL 33433	
4.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Joan Jablon	
4.3 STREET ADDRESS	7253 Arcadia Ct.	
4.4 CITY-ST-ZIP	BOCA RATON, FL 33433	
5.1 TITLE	2ND V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	George Bosian	
5.3 STREET ADDRESS	7223 Arcadia Ct	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Joan Jablon - Joan Jablon* DATE: 2/24/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)