


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 06 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 745800 (3)**  
 1. Corporation Name  
**THORNHILL MEWS HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business 7253 <del>ARCADIA</del> <sup>SPELLING WRONG</sup> COURT PO BOX 2611 BOCA RATON FL 33427 US	Mailing Address 7253 <del>ARCADIA</del> <sup>SPELLING WRONG</sup> COURT BOCA RATON FL 33427 US
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3. Date Incorporated or Qualified  
**02/02/1979**

4. FEI Number  
**59-2029277**

Applied For  Not Applicable

21. Principal Place of Business <b>7253 ARCADIA COURT</b> Suite, Apt. #, etc.	22. Mailing Address <b>7253 ARCADIA COURT</b> Suite, Apt. #, etc.
23. City & State	24. City & State
25. Zip	26. Zip
27. Country	28. Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent

**JABLON, JOAN G.**  
**7253 ARCADIA COURT**  
**BOCA RATON, FL**  
**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 **FL** 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) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SALITURI, BRUCE 22443 <del>ARCADIA</del> <sup>SPELLING WRONG</sup> COURT BOCA RATON, FL 00000	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>22443 ARCADIA COURT</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SPENCER, DILLMAN 7259 <del>ARCADIA</del> CT. BOCA RATON FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>7259 ARCADIA COURT</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROSS, ROBERT 22450 <del>ARCADIA</del> CT. BOCA RATON, FL 00000	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>22450 ARCADIA COURT</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JABLON, JOAN 7253 <del>ARCADIA</del> CT. BOCA RATON, FL 00000	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>7253 ARCADIA COURT</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOSIAN, GEORGE 7223 <del>ARCADIA</del> CT. BOCA RATON FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>7225 ARCADIA COURT</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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 **REQUIRED** 1-24-98 561 368-8058

CR2E037 (10/97)