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Feb 27, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 745800

1. Corporation Name
THORNHILL MEWS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business 7253 ARCADIA CT PO BOX 2011 BOCA RATON FL 33427 33433 US	Mailing Address 7253 ARCADIA CT P.O. Box 2611 BOCA RATON FL 33427 US
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2. Principal Place of Business 21 7253 ARCADIA COURT	2a. Mailing Address 26 P.O. Box 2611	3. Date Incorporated or Qualified 02/02/1979
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2029277
City & State 23 BOCA RATON, FL	City & State 28 BOCA RATON, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24 33433	Country 25 USA	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 29 33427	Country 30 USA	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83 (DELETE DUPLICATION)	
84 City	FL

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SALITURI, BRUCE	
STREET ADDRESS	22443 ARCADIA CT	
CITY-ST-ZIP	BOCA RATON, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SPENCER, DILLMAN	
STREET ADDRESS	7259 ARCADIA CT	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ROSS, ROBERT	
STREET ADDRESS	22450 ARCADIA CT	
CITY-ST-ZIP	BOCA RATON, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	JABLON, JOAN	
STREET ADDRESS	7253 ARCADIA CT	
CITY-ST-ZIP	BOCA RATON, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BOSIAN, GEORGE	
STREET ADDRESS	7225 ARCADIA CT	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	33433
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	33433
2.4 CITY-ST-ZIP	33433
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	33433
3.4 CITY-ST-ZIP	33433
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	33433
4.4 CITY-ST-ZIP	33433
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	33433
5.4 CITY-ST-ZIP	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 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, with all other like empowered.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/99 5d 368-8028
 Date Daytime Phone #

CR2E037 (11/98)