


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90043 036 \*\*\*\*61.25

**DOCUMENT # 745800**  
1. Entity Name  
**THORNHILL MEWS HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
7253 ARCADIA CT PO BOX 2611  
BOCA RATON FL 33433 BOCA RATON FL 33427  
US US

**50016215**



1st MOORE CR2E037 (10/04)

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-2029277** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
**JABLON, JOAN G.**  
**7253 ARCADIA COURT**  
**BOCA RATON FL 33433**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  
SIGNATURE *Joan G. Jablon* (NOTE: Registered Agent signature required when reinstating) DATE **2-9-05**

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
T TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>BERGER, IRA</b> <b>7245 CARMEL CT</b> <b>BOCA RATON FL 33433</b>
TD TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <b>TANSMAN, MELINDA F</b> <b>7241 ARCADIA COURT</b> <b>BOCA RATON FL 33433</b>
P TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>BERGER, IRENE</b> <b>7245 CARMEL CT</b> <b>BOCA RATON FL 33433</b>
SD TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>JABLON, JOHN G</b> <b>7253 ARCADIA COURT</b> <b>BOCA RATON FL 33433</b>
VD TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <b>BOSIAN, GEORGE</b> <b>7223 ARCADIA COURT</b> <b>BOCA RATON FL 33433</b>
<input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Brooks Keith</b> <b>7228 Carmel Court</b> <b>Boca Raton, FL 33433</b> <i>New</i>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>LeFKowitz, Hila</b> <b>7240 Carmel Court</b> <b>Boca Raton, FL 33433</b> <i>New</i>
<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joan G. Jablon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **2-9-05** DAYTIME PHONE: **361-368-8028**