

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745800

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: THORNHILL MEWS HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

7253 ARCADIA CT  
BOCA RATON, FL 33433 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2611  
BOCA RATON, FL 33427 US

**New Mailing Address:**

FEI Number: 59-2029277      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JABLON, JOAN G.  
7253 ARCADIA COURT  
BOCA RATON, FL 33433 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: MESSBERG, CHANA  
Address: 7204 CARMEL CT  
City-St-Zip: BOCA RATON, FL 33433

Title: T ( ) Delete  
Name: LEFKOWITZ, LILA  
Address: 7240 CARMEL COURT  
City-St-Zip: BOCA RATON, FL 33433

Title: P ( ) Delete  
Name: BERGER, IRDA  
Address: 7245 CARMEL COURT  
City-St-Zip: BOCA RATON, FL 33433

Title: S ( ) Delete  
Name: JABLON, JOAN  
Address: 7253 ARCADIA COURT  
City-St-Zip: BOCA RATON, FL 33433

Title: VP ( ) Delete  
Name: FREEDMAN, CARA  
Address: 7246 CARMEL COURT  
City-St-Zip: BOCA RATON, FL 33433

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: BERGER, IRA  
Address: 7245 CARMEL COURT  
City-St-Zip: BOCA RATON, FL 33433

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IRA BERGER

P

04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date