

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **745933** (2)
1. Corporation Name
THORNHILL ESTATES HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address
P. O. BOX 810042 BOCA RATON FL 33481
P. O. BOX 810042 BOCA RATON FL 33481

3. Date Incorporated or Qualified **02/13/1979** 3a. Date of Last Report **01/27/1995**

21	22	23	24	25	26	27	28	29	30	4. FEI Number 59-2029280	Applied For Not Applicable
2. Principal Place of Business		2a. Mailing Address		5. Certificate of Status Desired <input type="checkbox"/>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		3b. Additional Fee Required \$8.75		3c. Additional Fee Required \$5.00 May Be Added to Fees	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>							
City & State		City & State									
Zip		Country		Zip		Country					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SLATER, ANDREW 7386 WEXFORD TERRACE BOCA RATON FL 33433				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City		85
				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 _____ (NOTE: Registered Agent signature required when revisiting) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD SLATER, ANDREW 7386 WEXFORD TERRACE BOCA RATON FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	TD BRANNICK, ARNOLD 7659 NEWPORT TERRACE BOCA RATON FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	VPD QUILL, DWAYNE 7628 STOCKTON TERRACE BOCA RATON FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	SD FORMAN, SCOTT J 7669 NEWPORT TERRACE BOCA RATON, FL 00000	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	SD
STREET ADDRESS		4.3 STREET ADDRESS	Debra Oberstein
CITY - ST - ZIP		4.4 CITY - ST - ZIP	7426 CARRICK Terr Boca Raton FL 33433
TITLE	D LEVINE, CHARLES 7366 WEXFORD TERRACE BOCA RATON FL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	D SEIDLER, SUSAN 7657 LONDON LANE BOCA RATON FL	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ **Arnold Brannick** **1/17/96** **(407) 982-9079**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Calltime Phone #

CR2E037 (12/95)