

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 15, 2001 8:00 am
Secretary of State

08-15-2001 90006 001 ****61.25

DOCUMENT # 745933

1. Entity Name

THORNHILL ESTATES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

7451 LONDON LANE
 BOCA RATON FL 33433

Mailing Address

7451 LONDON LANE
 BOCA RATON FL 33433

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 **59-2029280**

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

SLATER, ANDREW
7386 WEXFORD TERRACE
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name **Stuart M. Silverman**
 Street Address (P.O. Box Number is Not Acceptable)
2500 N. Military Trail, Suite 490
 City **BOCA RATON** FL Zip Code **33431**

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.

STUART M. SILVERMAN

SIGNATURE *Stuart M. Silverman* (PRESIDENT of THORNHILL ESTATES HOMEOWNERS' ASSN. JULY 19, 2001
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SLATER, ANDREW	
STREET ADDRESS	7386 WEXFORD TERRACE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BRAMNICK, ARNOLD	
STREET ADDRESS	7659 NEWPORT TERRACE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIEDLER, MARK	
STREET ADDRESS	7657 LONDON LN	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEVINE, CHARLES	
STREET ADDRESS	7366 WEXFORD TERRACE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	HANDE, BRUCE E	
STREET ADDRESS	7587 LONDON LN	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDREACCHI, FRANK	
STREET ADDRESS	7391 LONDON LANE	
CITY-ST-ZIP	BOCA RATON FL 33433	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stuart M. Silverman	
STREET ADDRESS	7426 Carrick Terrace	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stewart Harris	
STREET ADDRESS	7478 Dublin Drive	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sharon Kilstern	
STREET ADDRESS	7439 London Lane	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeff Harris	
STREET ADDRESS	7498 Dublin Drive	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael Loeffler	
STREET ADDRESS	7488 Dublin Drive	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Stuart M. Silverman* 7/19/01 561-289-9319
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/01)