FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOOLI	ACNT " 35000	2 (4)						
1. Corporation	MENT # 752293	3 (1)						
THORN	HILL LAKE HOMEOWNERS	' ASSOCIATION, INC.			4 140 CHI 1500 CHINA (1500 AND 1500	IIII BIAIF BIRG BIRG AI	kii Bidin BiBil (AB)	
Principal Place of Business Mailing Address						********************		
C/O MCGRORY MANAGEMENT C/O MCGRORY MANAGEM 6905 ESCOBAR CT. 6905 ESCOBAR CT.								
BOCA RATON	I FL 33433	BOCA RATON FL 33433	}		3. Date Incorporated or Qualified	3a. Date of La	st Report	
บร		US			05/02/1980	03/08/	1995	
2. Principa' Piace of Business 2a. Mailing Address 26					4. FEI Number 50-2144608	4. FEI Number Applied F 59-2144698 Not Appl		
Suite, Apt. #, etc. Suite, Apt.			etc.		Certificate of Status Desired	[V] " -	75 Additional	
Cib. 9 Chaha		City & State					e Required	
City & State		28 28		Election Campaign Financing     Trust Fund Contribution	1 1 7 -	00 May Be led to Fees		
Zip	Country	Zip	Count	ry	8. This corporation has liability for in	_ ~	s. 199.032,	
24	25 9. Name and Address of Curre	29	30		Florida Statutes L  10. Name and Address of New Re	Yes No		
	9. Name and Address of Currel	nt Hegistered Agent	8	1 Name	10. Name and Address of New Ad	egistered Agent	<del>-</del> <del>-</del>	
HOODO	NY ALBERT D							
MCGRORY, ALBERT D. C/O MCGRORY MANAGEMENT			8	2 Street	t Address (P.O. Box Number is Not Acceptable)			
6905 ESCOBAR CT			8	3				
BOCA RATON FL 33433				4 City		85	Zip Code	
DOM INION LE SOUG			1	`				
11. Pursuant t	to the provisions of Sections 617.050;	2 and 617.1508, Florida Statute	es, the above	named o	orporation submits this statement for the purp board of directors. I hereby accept the appo	nose of changing its	s registered office	
familiar wit	th, and accept the obligations of, Sec	tion 617.0503, Florida Statutes		rporation a	ribbard of cirectors. Thereby accept the appo	minion as register	od agont. Fam	
SIGNATURE _								
12.	Signature: typed or printed name of registered agent and the if approach (NOTE R  OFFICERS AND DIRECTORS		TE Registered A.	jer t sajnature :	required when recistions?  ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECT	TORS IN 12	
THLE	SD	DELETE	1131[[	<del>-</del>		[_] Change		
NAME	SWARTZ, KATHY	121		E		_	_	
STREET ADDRESS			1.3 STRE	ET ADDRESS				
CITY-ST-ZIP	BOCA RATON FL		14 CITY	- \$1 - 7;P				
TITLE	PD	DELETE	2.1.104.6	•		☐ Change	e Addition	
NAME	INITIATION, OTRAILEO		2 2 NAM	É				
STREET ADDRESS	OF BOTH DELLIFORD CT.			ET ADDRESS				
CITY - ST - ZIP	BOCA RATON FL	EADE: ETC		7 - ST - ZIP	TO .	Change	e Addition	
TITLE NAME	D CHECKEMITZ ANNA	GUSCIEWITZ, ANNA			FRIED, HARVEY	பள்ளு	~ Auditor	
STREET ADDRESS	6838 BRIDLEWOOD CT.			ET ADDRESS	6848 BRIDLEWOOD CT.			
CITY - ST - ZIP				f - \$7 - 7iP	BOCA RATON FL			
TITLE	VD	□DELETE 41				Chang	e 🔲 Addition	
NAME	LARKIN, GAIL		4 2 NAM	ME.				
STREET ADDRESS	6879 BRIDLEWOOD CT		4 3 STR	ET ACORESS				
CITY-ST-ZIP	BOCA RATON FL	DELETE # •		-ST-ZIP	<b></b>			
TITLE	TD	□ DFTF1F	5 1 TITLE	-		Chang	e 🔲 Addition	
NAME STOCET ADORECE	JARVIS, CAROL		5.2 NAM					
STREET ADDRESS	6820 BRIDLEWOOD CT.			ET ADORESS - ST-ZIP				
CITY - ST - ZIF TITLE	BOCA RATON FL D	<b>₩</b> OF FIE			D	Change	e Addition	
NAME	•		6.2 NAM		BOROWSKY, ALLEN			
STREET ADDRESS	6785 BRIDLEWOOD CT.			ET ADORESS	6856 BRIDLE WOOD CT.			
CITY-ST-ZIP	BOCA RATON FL		6.4 C(T)	- \$1 - 21F	BOCA RATON FL			
14. 1 do hereb	by certify that the information supplied	with this filing is voluntarily furn	ished and do	oes not qu	alify for the exemption stated in Section 119. ocurate and that my signature shall have the	07(3)(k), Florida Sta	tutes. I further	
oath; that	I am an officer or director of the corp n Block 12 or Block 13 if changed, or	oration or the receiver or truste	e empowere	d to execu	te this report as required by Chapter 617, Flo	orida Statutes; and	that my name	

SIGNATURE: \_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR PRINCETOR

3/30/96

407-394-5248

Daytime Phone #

CR2E037 (12/95)