FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

752293

(1)

THORNHILL LAKE HOMEOWNERS' ASSOCIATION, INC.

mon	THE EARL HOMEOWILLIO	7,0000////OH/ IIIO.			
Principal Place of Business		Mailing Address		1 190111 10001 0840 11010 1010 1010	B 1411 OF DIE DIGER TOUR DIDIE BERTE DIE HA 1888 I
C/O MCGRORY MANAGEMENT 6905 ESCOBAR CT. BOCA RATON FL 33433 US		C/O MCGRORY MANAGEMENT 6905 ESCOBAR CT. BOCA RATON FL 33433-7541 US		3. Date Incorporated or Qualified 3a. Date of Last Report 05/02/1980 04/01/1996	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2144698	Not Applicable
Suite, Apt	A SAME AND	Suite, Apt. #, etc. 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be Added to Fees
Z ip	Country	28 	Country	Trust Fund Contribution	
14	25	29	30	This corporation has liability for Florida Statutes	Yes No
<u></u>	9. Name and Address of Curren		1001	10. Name and Address of New R	
			81 Name	•	
C/O MC 6905 ES	ORY, ALBERT D. CGRORY MANAGEMENT SCOBAR CT RATON FL 33433		82 Stree 83 84 City	Address (P.O. Box Number is Not Accepta	95 Zin Code
DOOM	21101112 00100		G4 City		FL 85 Zip Code
office or	to the provisions of Sections 617.050 registered agent, or both, in the State am familiar with, and accept the obligations are security to the control of th	of Florida, Such change was	authorized by the co	d corporation submits this statement for the rporation's board of directors. I hereby acce	purpose of changing its registered opt the appointment as registered
	Signature, typed or print it name of rigit found age			re required when reinstating)	DATE
12.	OFFICERS AND	DELETE DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12 Change
THE	SD CATHY	C] perie	1.F IDLE 12 NAME	D. C. ATA VATULEEN	Change L Adollion
NAME STREET ADDRESS	SWARTZ, KATHY 6726 BRIDLEWOOD CT.		1.3 STREET ADDRESS	Swartz, KATHLEEN 6905 ESCOBAR CT.	
CITY - ST - ZIP	BOCA RATON FL		14 CITY-ST-ZIP	BOCA RATON FL	
TITLE	PD	DELETE	21 TITLE	D	Change Addition
NAME	HARRINGTON, CHARLES		22 NAME	HARRINGTON, Charles 6905 ESCOBAR CT.	•
STREET ADDRESS			2 3 STREET ADDRESS	6905 ESCOBAR CT.	
City - St - ZIP	BOCA RATON FL		2 4 CITY-ST-ZIP	BOCA RATON FL	
THLF	D	DELETE	3 1 TITLE	PD	Change Addition
NAME	FRIED, HARVEY		3 2 NAME	FRIED, HARVEY 6905 ESCOBAR CT.	
STREET ADDRESS	0010 0110000 000111		3.3 STREET ADORESS		
CHY-ST-ZIP	BOCA RATON FL	I DELETE	3.4. C(TY-ST-ZIP	BOCA RATON FL	Change Addition
TITLE	VD	∐ DELFTE	4.1 TITLE	TD	Ma cuande Manue
NAME	LARKIN, GAIL		4. 2 NAME	LARKIN, BAIL	
STREET ADDRESS	6879 BRIDLEWOOD CT		4.3 STREET ADDRESS	0.0	
CHY-SI-ZIP TILLÉ	BOCA RATON FL	☐ DELETE	4.4 CITY - ST - ZIP 5.1 TITLE	BOCA RATON FL	Change Addition
NAME	TD JARVIS, CAROL	L1	5.2 NAME	VD JARVIE, CAROL	7
STREET ADDRESS			5.3 STREET ADDRESS		
COLY - ST - ZIP	BOCA RATON FL		5 4 City-St-ZiP	BOCHRATON FL	
TITLE	D D	☐ DÉLETE	6.1 TITLE	SD SD	Change
NAME	BOROWSKY, ALLEN		6.2 NAME	BOROWSKY, ALLEN	1
STREET ADDRESS			6.3 STREET ADDRESS	استاما	•
CITY-ST-ZIF	BOCA RATON FL		6.4 CITY - ST - ZIP	BOCA RATON FL	
	by certify that the information supplie	d with this filing does not qua		stated in Section 119.07(3)(i), Florida Statut nd that my signature shall have the same leg	tes. I further certify that the
Lam an e	on indicated of this annual report of softicer or director of the corporation of in Block 12 or BICHARLES 1941, o	the receiver or trustee empo	wered to execute this	io that my signature shan have the same leg s report as required by Chapter 617, Florida	Statutes; and that my name

SIGNATURE

SIGNATURE AND THE OF SERVICE NAME OF SIGNING OFFICER OF DISPETOR

1/27/97 561-394-5248 Date Phone * magnes

FILED

Jan 31 1997 8:00am

Secretary of State

CR2F037 (9/96)