4/4/

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
04-04-2001 90010 011 ****61.25

DOCUMENT # 752293

1. Entity Name

THORNHILL LAKE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~C/O MCGRORY MANAGEMENT~~ CAMPBELL PROPERTY MANAGEMENT	~~C/O MCGRORY MANAGEMENT~~
~~6905 ESCOBAR CT.~~ 1215 E. HILLSBORO BLVD	~~6905 ESCOBAR CT.~~
~~BOCA RATON FL 33433~~ DEERFIELD BEACH, FL 33441	~~BOCA RATON FL 33433~~
US	US

[redacted]

DO NOT WRITE IN THIS SPACE

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 59-2144698 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~MCGRORY, ALBERT D.~~ C/O CAMPBELL PROPERTY MANAGEMENT	Name
~~C/O MCGRORY MANAGEMENT~~ 1215 E HILLSBORO BLVD	Street Address (P.O. Box Number is Not Acceptable)
~~6905 ESCOBAR CT~~ DEERFIELD BEACH, FL 33441	City **FL** Zip Code
~~BOCA RATON FL 33433~~	

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.

SIGNATURE [signature] WILLIAM B CAMPBELL 4/20/01
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	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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SWARTZ, KATHY 6726 BRIDLEWOOD CT. BOCA RATON FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARRINGTON, CHARLES 6799 BRIDLEWOOD CT. BOCA RATON FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FRIED, HARVEY 6848 BRIDLEWOOD COURT BOCA RATON FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LARKIN, GAIL 6879 BRIDLEWOOD CT BOCA RATON FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GUSKIEWIZ, ANNA 5838 BRIDLEWOOD COURT BOCA RATON FL 33433	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BOROWSKY, ALLEN 6856 BRIDLEWOOD COURT BOCA RATON FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LAMENDOLA, MARK 6730 BRIDLEWOOD CT BOCA RATON, FL 33433	☐ Change ☒ Addition

CR2E037 (10/00)

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: SIGNATURE REQUIRED PRESIDENT 3-29-01 (561) 338-5551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #