## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 29, 2002 8:00 am Secretary of State **DOCUMENT # 752293** 1. Entity Name 04-29-2002 90195 001 \*\*\*\*61.25 THORNHILL LAKE HOMEOWNERS' ASSOCIATION, INC. Mailing Address Principal Place of Business CAMPBELL PROPERTY MANAGEMENT CAMPBELL PROPERTY MANAGEMENT 356450 1251 W HILLSBORO BLVD 1251 W HILLSBORO BLVD DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2144698 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6: Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MCGRORY, ALBERT D. C/O CAMPBELL PROPERTY MANAGEMENT 1215 E HILLSBORO BLVD Zip Code FL **DEERFIELD BEACH FL 33441** 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE ÑOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. VICE- PRESIDENT ID ☐ Addition TITLE TITLE Delete NAME SWARTZ, KATHY NAME STREET ADDRESS 6726 BRIDLEWOOD CT. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** ☐ Change ☐ Addition Delete TITLE TITLE HARRINGTON, CHARLES NAME NAME STREET ADDRESS STREET ADDRESS 6799 BRIDLEWOOD CT. CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** Change Addition PD TITLE TITLE Delete Delete FRIED, HARVEY NAME NAME STREET ADDRESS STREET ADDRESS 6848 BRIDLEWOOD COURT CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 💢 Addition □ Change TITLE Delete TITLE JAMES TADALOLA NAME larkin, gail STREET ADDRESS 6734 BRIDLE WOOD COURT STREET ADDRESS 6879 BRIDLEWOOD CT CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL **BOCA RATON FL** Delete ☐ Change Addition TITLE NAME NAME GUSKIEWIZ, ANNA STREET ADDRESS **5838 BRIDLEWOOD COURT** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33433** <u>5</u>2 ☐ Change Addition Delete TITI F TITLE SD NANCY MALITO NAME NAME LAMENDOLA, MARK

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

6724

BOCA

BRIDLEWOOD COURT

RATON, FL

6730 BRIDLEWOOD CT

BOCA RATON FL 33433

STREET ADDRESS

SIGNATURE:

SIGNATURE REQUIRED

Daytime Phone #