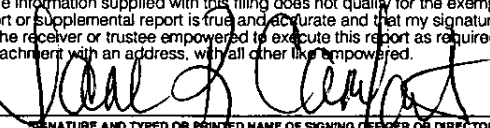


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90278 023 ****61.25

DOCUMENT # 752293					
1. Entity Name THORNHILL LAKE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 951 BROKEN SOUND PKWY #250 BOCA RATON, FL 33487 US			Mailing Address 951 BROKEN SOUND PKWY #250 BOCA RATON, FL 33487 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2144698	
Zip		Country		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		
MESSINGER, JOEL AGENT 951 BROKEN SOUND PKWY #250 BOCA RATON, FL 33487			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
B. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE VPD NAME SWARTZ, KATHY STREET ADDRESS 6726 BRIDLEWOOD CT. CITY-ST-ZIP BOCA RATON, FL	☒ Delete		TITLE Kaczperski, Ed NAME 6791 Bridlewood Court STREET ADDRESS Boca Raton, FL 33433 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE PTD NAME IADAROLA, JAMES STREET ADDRESS 6734 BEIDLEWOOD CT. CITY-ST-ZIP BOCA RATON, FL 33433	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE SD NAME MALITO, NANCY STREET ADDRESS 6724 BRIDLEWOOD CT CITY-ST-ZIP BOCA RATON, FL 33433	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE D NAME LAMENDOLA, MARK STREET ADDRESS 6730 BRIDLEWOOD CT. CITY-ST-ZIP BOCA RATON, FL 33433	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE D NAME CARLANTONIO, JANE STREET ADDRESS 6762 BRIDLEWOOD CT. CITY-ST-ZIP BOCA RATON, FL 33433	☐ Delete		TITLE VP NAME CARLANTONIO, JANE STREET ADDRESS 6762 BRIDLEWOOD CT CITY-ST-ZIP Boca Raton, FL 33433	☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: 			Date: 4/27/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					