2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003
Secretary of State

DOCUMENT# 752293

Entity Name: THORNHILL LAKE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

CAMPBELL PROPERTY MANAGEMENT
1251 W HILLSBORO BLVD
DEERFIELD BEACH, FL 33441 US

New Principal Place of Business:

951 BROKEN SOUND PKWY
#250
BOCA RATON, FL 33487 US

Current Mailing Address:

CAMPBELL PROPERTY MANAGEMENT
1251 W HILLSBORO BLVD
DEERFIELD BEACH, FL 33441 US

New Mailing Address:

951 BROKEN SOUND PKWY
#250
BOCA RATON, FL 33487 US

FEI Number: 59-2144698 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCGRORY, ALBERT D.
C/O CAMPBELL PROPERTY MANAGEMENT
1215 E HILLSBORO BLVD
DEERFIELD BEACH, FL 33441 US

Name and Address of New Registered Agent:

MESSINGER, JOEL AGENT
951 BROKEN SOUND PKWY
#250
BOCA RATON, FL 33487 US

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: JOEL MESSINGER 04/22/2003
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title:	VPD	( ) Delete
Name:	SWARTZ, KATHY,	
Address:	6726 BRIDLEWOOD CT.	
City-St-Zip:	BOCA RATON, FL	
Title:	D	(X) Delete
Name:	HARRINGTON, CHARLES,	
Address:	6799 BRIDLEWOOD CT.	
City-St-Zip:	BOCA RATON, FL	
Title:	PD	( ) Delete
Name:	FRIED, HARVEY	
Address:	6848 BRIDLEWOOD COURT	
City-St-Zip:	BOCA RATON, FL	
Title:	TD	( ) Delete
Name:	IADAROLA, JAMES	
Address:	6734 BRIDLEWOOD CT	
City-St-Zip:	BOCA RATON, FL	
Title:	D	(X) Delete
Name:	GUSKIEWIZ, ANNA	
Address:	5838 BRIDLEWOOD COURT	
City-St-Zip:	BOCA RATON, FL 33433	
Title:	SD	( ) Delete
Name:	MALITO, NANCY	
Address:	6724 BRIDLEWOOD CT	
City-St-Zip:	BOCA RATON, FL 33433	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES IADAROLA TD 04/22/2003
Electronic Signature of Signing Officer or Director Date