

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 30, 2004 8:00 am
Secretary of State

07-30-2004 90005 028 ****61.25

DOCUMENT # N01000007676

1. Entity Name
THOMSON VILLAGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**4400 W SAMPLE RD STE 200
COCONUT CREEK, FL 33073-3450**

Mailing Address
**4400 W SAMPLE RD STE 200
COCONUT CREEK, FL 33073-3450**

44050773



2. Principal Place of Business
9614 SHEPARD PLACE
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 211535
Suite, Apt. #, etc.

07262004 Chg-NP CR2E037 (10/03)

City & State
WELLINGTON, FL

City & State
ROYAL PALM BEACH, FL

4. FEI Number
65-1158947

Applied For
Not Applicable

Zip Country
33414 PALM BEACH

Zip Country
33421 PALM BEACH

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

6. Name and Address of Current Registered Agent

**MINTO COMMUNITIES, INC.
ATTN MICHAEL GREENBERG
4400 W SAMPLE RD STE 200
COCONUT CREEK, FL 33073-3450**

7. Name and Address of New Registered Agent

Name **Michael J Posner**
Street Address (P.O. Box Number is Not Acceptable)
4420 Beacon Circle
City **West Palm Beach FL** Zip Code **33407**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **[Signature]**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/27/04
DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

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

TITLE **PD** ☒ Delete
NAME **BEER, T.R.**
STREET ADDRESS **4400 W SAMPLE RD STE 200**
CITY-ST-ZIP **COCONUT CREEK, FL 330733450**

TITLE **VD** ☒ Delete
NAME **CLEMENT, GARY**
STREET ADDRESS **4400 W SAMPLE RD STE 200**
CITY-ST-ZIP **COCONUT CREEK, FL 330733450**

TITLE **STD** ☒ Delete
NAME **RODGERS, FRANK**
STREET ADDRESS **4400 W SAMPLE RD STE 200**
CITY-ST-ZIP **COCONUT CREEK, FL 330733450**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
NAME **DAVID A. HUGHES**
STREET ADDRESS **9654 SHEPARD PLACE**
CITY-ST-ZIP **WELLINGTON, FL 33414**

TITLE **VD** ☒ Change ☐ Addition
NAME **BARRY POTFELDT**
STREET ADDRESS **9606 SHEPARD PLACE**
CITY-ST-ZIP **WELLINGTON, FL 33414**

TITLE **STD** ☒ Change ☐ Addition
NAME **HUBERT C. CONNOLLY**
STREET ADDRESS **9614 SHEPARD PLACE**
CITY-ST-ZIP **WELLINGTON, FL 33414**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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]** **Hubert C. Connolly**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

27 July 2004 **(561) 204-3122**
Date Daytime Phone #