

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90027 009 ****61.25

DOCUMENT # N01000007676

1. Entity Name
THOMSON VILLAGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**9614 SHEPARD PLACE
WELLINGTON, FL 33414**

Mailing Address
**PO BOX 211535
ROYAL PALM BEACH, FL 33421**

40000293



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-1158947

Applied For
Not Applicable

Zip

Country

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

**POSNER, MICHAEL J
4420 BEACON CIRCLE
WEST PALM BEACH, FL 33407**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 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 PD ☐ Delete
NAME HUGHES, DAVID A
STREET ADDRESS 9654 SHEPARD PLACE
CITY-ST-ZIP WELLINGTON, FL 33414

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

TITLE VD ☒ Delete
NAME BOTFELDT, BARRY
STREET ADDRESS 9606 SHEPARD PLACE
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE ☐ Change ☒ Addition
NAME **WEBSTER, DENA Y.**
STREET ADDRESS **9662 SHEPARD PLACE**
CITY-ST-ZIP **WELLINGTON, FL 33414**

TITLE STD ☐ Delete
NAME CONNOLLY, HUBERT C
STREET ADDRESS 9614 SHEPARD PLACE
CITY-ST-ZIP WELLINGTON, FL 33414

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **LEMONS, RONALD L.**
STREET ADDRESS **9534 SHEPARD PLACE**
CITY-ST-ZIP **WELLINGTON, FL 33414**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **LEONE, BRIAN**
STREET ADDRESS **2347 THOMSON WAY**
CITY-ST-ZIP **WELLINGTON, FL 33414**

TITLE ☐ Delete
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: Hubert C. Connolly 1/6/05 (561) 204-3122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #