## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000008521

FILED Aug 17, 2006 Secretary of State

Entity Name: THORNHILL HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:	New Principal Place of Business:
C/O ASHTON ORLANDO RESIDENTIAL, L.L.C. 2450 MAITLAND CENTER PARKWAY, SUITE 301 MAITLAND, FL 32751	2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779
Current Mailing Address:	New Mailing Address:
C/O ASHTON ORLANDO RESIDENTIAL, L.L.C. 2450 MAITLAND CENTER PARKWAY, SUITE 301 MAITLAND, FL 32751	2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779
FEI Number: 20-5314365 FEI Number Applied For ( ) FEI Number accordance with s. 607.193(2)(b), F.S., the corporation did not receive to Name and Address of Current Registered Agent:	nber Not Applicable()  Certificate of Status Desired() he prior notice. Name and Address of New Registered Agent:
ASHTON ORLANDO RESIDENTIAL, L.L.C. 2450 MAITLAND CENTER PARKWAY SUITE 301 MAITLAND, FL 32751 US	HART, JAMES W JR C/O SENTRY MANAGEMENT INC 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779 US
The above named entity submits this statement for the purpose of in the State of Florida.	f changing its registered office or registered agent, or both,
SIGNATURE: JAMES W HART JR	08/17/2006
Electronic Signature of Registered Agent	Date
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: D ( ) Delete Name: HARRIS, CHARLES F III	Title: D (X) Change ( ) Addition Name: MOXLEY, TIM

Address:

Title:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

C/O 2450 MAITLAND CNTR. PKWY., STE. 301

() Change () Addition

() Change () Addition

MAITLAND, FL 32751

Title: () Delete

Address:

City-St-Zip:

TRABACK, WILLIAM Name:

C/O 2450 MAITLAND CNTR. PKWY., STE. 301 Address:

City-St-Zip: MAITLAND, FL 32751

Title: () Delete

Address: City-St-Zip:

GEHRHARDT, MARY Name:

MAITLAND, FL 32751

Name: C/O 2450 MAITLAND CNTR. PKWY., STE. 301 Address: MAITLAND, FL 32751 City-St-Zip:

C/O 2450 MAITLAND CNTR. PKWY., STE. 301

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: MARY GEHRHARDT D 08/17/2006