

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 745933

**Entity Name:** THORNHILL ESTATES HOMEOWNERS' ASSOCIATION, INC.

**FILED**  
**Apr 09, 2021**  
**Secretary of State**  
**8449874211CC**

**Current Principal Place of Business:**

1489 W PALMETTO PARK ROAD  
SUITE 505  
BOCA RATON, FL 33486

**Current Mailing Address:**

1489 W PALMETTO PARK ROAD  
SUITE 505  
BOCA RATON, FL 33486 US

**FEI Number: 59-2029280**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SACHS SAX CAPLAN, P.L.  
6111 BROKEN SOUND PARKWAY NW  
SUITE 200  
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: DANIEL A. KASKEL, ESQUIRE**

**04/09/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name DAVID MARKOWITZ  
Address 1489 WEST PALMETTO PARK ROAD  
SUITE 505  
City-State-Zip: BOCA RATON FL 33489

Title PRESIDENT  
Name HALPERIN, LARRY  
Address 1489 W PALMETTO PARK ROAD  
SUITE 505  
City-State-Zip: BOCA RATON FL 33486

Title SECRETARY  
Name KATZ, ELLIOT  
Address 1489 W PALMETTO PARK ROAD  
SUITE 505  
City-State-Zip: BOCA RATON FL 33486

Title DIRECTOR  
Name ROSEN, DAVID  
Address 1489 W PALMETTO PARK ROAD  
SUITE 505  
City-State-Zip: BOCA RATON FL 33486

Title TREASURER  
Name BELIZON, ELANA  
Address 1489 W PALMETTO PARK ROAD  
SUITE 505  
City-State-Zip: BOCA RATON FL 33486

*I hereby 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 all other like empowered.*

**SIGNATURE: LARRU HALPERIN**

**PRESIDENT**

**04/09/2021**

Electronic Signature of Signing Officer/Director Detail

Date