

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 745933

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

**Current Principal Place of Business:**

2801 NORTH UNIVERSITY DRIVE  
SUITE 204  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

2801 NORTH UNIVERSITY DRIVE  
SUITE 204  
CORAL SPRINGS, FL 33065

**FEI Number:** 59-2029280

**Certificate of Status Desired:** No

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

LIPPMAN, KAREN  
2801 NORTH UNIVERSITY DRIVE  
SUITE 204  
CORAL SPRINGS, FL 33065 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name COHEN, JACOB  
Address 7547 LONDON LANE  
City-State-Zip: BOCA RATON FL 33433

Title DIRECTOR  
Name BERKELEY, STEVE  
Address 7396 CARRICK TERRACE  
City-State-Zip: BOCA RATON FL 33433

Title SECRETARY  
Name FRIEDMAN, CARA  
Address 7558 CHESTER TERRACE  
City-State-Zip: BOCA RATON FL 33433

Title VP  
Name MICHAEL, ROSE  
Address 7499 LONDON LANE  
City-State-Zip: BOCA RATON FL 33433

Title T  
Name ZIMMERMAN, MICHAEL  
Address 7568 CHESTER TERRACE  
City-State-Zip: BOCA RATON FL 33433

*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:** JACOB COHEN

**PRESIDENT**

**03/22/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date