

**2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N14000002976

**Entity Name:** THORNBROOKE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

640 E STATE ROAD434  
SUITE 3000  
LONGWOOD, FL 32750

**Current Mailing Address:**

640 E STATE ROAD434  
SUITE 3000  
LONGWOOD, FL 32750 US

**FEI Number: 47-1749850**

**Certificate of Status Desired: No**

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

BONO AND ASSOCIATES, LLC  
640 E STATE ROAD434  
SUITE 3000  
LONGWOOD, FL 32750 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: MICHAEL L BONO**

**12/07/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	VP	Title	DIRECTOR
Name	SIMPSON, KAMILAH	Name	MCCOMBS, ANDREW
Address	640 E STATE ROAD434 SUITE 3000	Address	640 E STATE ROAD434 SUITE 3000
City-State-Zip:	LONGWOOD FL 32750	City-State-Zip:	LONGWOOD FL 32750
Title	TREASURER / VP	Title	PRESIDENT
Name	GUTIERREZ, JUAN	Name	DAYS, SHANTELE
Address	640 E STATE ROAD434 SUITE 3000	Address	640 E STATE ROAD434 SUITE 3000
City-State-Zip:	LONGWOOD FL 32750	City-State-Zip:	LONGWOOD FL 32750
Title	SECRETARY		
Name	DEL CASTILLO FERRER, ILEANA		
Address	640 E STATE ROAD434 SUITE 3000		
City-State-Zip:	LONGWOOD FL 32750		

*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: SHANTELE DAYS**

**PRESIDENT**

**12/07/2022**

Electronic Signature of Signing Officer/Director Detail

Date