2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#741836

FILED Apr 30, 2009 Secretary of State

Entity Name: THORNHILL HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 22140 PRIMROSE WAY 6413 CONGRESS AVENUE BOCA RATON, FL 33433 SUITE 200 BOCA RATON, FL 33487 **Current Mailing Address: New Mailing Address:** P O BOX 2192 6413 CONGRESS AVENUE SUITE 200 BOCA RATON, FL 33427 BOCA RATON, FL 33487 FEI Number: 59-1884438 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: KRASNA, GARY M BUDD, GARY 120 E. PÁLMETTO PARK ROAD 6413 CONGRESS AVENUE SUITE 200 SUITE 100 BOCA RATON, FL 33432 US 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: GARY BUDD 04/30/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition KRASNA, GARY M Name: Name: 22153 PRIMROSE WAY Address: Address: City-St-Zip: BOCA RATON, FL 33433 City-St-Zip: Title: () Delete Title: (X) Change () Addition SCHIFFMAN, MICHAEL Name: SCHIFFMAN, MICHAEL Name: Address: 22153 LARKSPUR TRAI Address: 22153 LARKSPUR TRAI City-St-Zip: BOCA RATON, FL 33433 City-St-Zip: BOCA RATON, FL 33433 Title: () Delete Title: (X) Change () Addition MARKOVITCH, JACKIE SCHANDELSON, MARTIN J Name: Name: Address: 22263 LARKSPUR TRL Address: 22140 PRIMROSE WAY City-St-Zip: BOCA RATON, FL 33433 City-St-Zip: BOCA RATON, FL 33433 Title: PD () Delete Title: () Change () Addition Name: SCHANDELSON, MARTIN Name: 22140 PRIMROSE WAY Address: Address: City-St-Zip: BOCA RATON, FL 33433 City-St-Zip: Title: VPD () Delete Title: VPD (X) Change () Addition WOLKOWICZ, JEFFREY VOLKOWITZ, JEFFREY Name: Name:

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

22165 PRIMROSE WAY

22258 ALYSSUM WAY

BOCA RATON, FL 33433

DANIEL, DANIEL

BOCA RATON, FL 33433

(X) Change () Addition

SIGNATURE: MARTIN SCHANDELSON P 04/30/2009

22165 PRIMROSE WAY

22258 ALYSSUM WAY

BOCA RATON, FL 33433

KATZ, DANIEL

BOCA RATON, FL 33433

() Delete

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip: