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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 745933 (2)

1. Corporation Name
THORNHILL ESTATES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P. O. BOX 810042 BOCA RATON FL 33481	P. O. BOX 810042 BOCA RATON FL 33481

3. Date Incorporated or Qualified: 02/13/1979

4. FEI Number: 59-2029280 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 7451 LONDON LANE	26 7451 LONDON LANE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 BOCA RATON FL	City & State 28 BOCA RATON FL
Zip 24 33433 Country 25 USA	Zip 29 33433 Country 30 USA

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SLATER, ANDREW
7386 WEXFORD TERRACE
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Andrew Slater Pres DATE 1/20/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SLATER, ANDREW		1.2 NAME		
STREET ADDRESS	7386 WEXFORD TERRACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BRAMNICK, ARNOLD		2.2 NAME		
STREET ADDRESS	7659 NEWPORT TERRACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	QUILL, DWAYNE		3.2 NAME		
STREET ADDRESS	7628 STOCKTON TERRACE		3.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		3.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	4.1 TITLE	Director	☐ Change ☒ Addition
NAME	OBERSTEIN, DEBRA		4.2 NAME	Mark Siedler	
STREET ADDRESS	7426 CARRICK TERR		4.3 STREET ADDRESS	7657 London Ln.	
CITY-ST-ZIP	BOCA RATON FL		4.4 CITY-ST-ZIP	Boca Raton, FL 33433	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LEVINE, CHARLES		5.2 NAME		
STREET ADDRESS	7366 WEXFORD TERRACE		5.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	LIEBERMAN, ALAN		6.2 NAME		
STREET ADDRESS	7598 STOCKTON TERRACE		6.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE REQUIRED Arnold Bramnick 1/19/98 954-938-3851
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #