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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **745933**

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

Principal Place of Business	Mailing Address
7451 LONDON LANE BOCA RATON FL 33433	7451 LONDON LANE BOCA RATON FL 33433

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 02/13/1979
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2029280 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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: [signature] Andrew Slater /PRES 1/14/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	SD	☒ Change ☐ Addition
NAME	QUILL, DWAYNE		3.2 NAME	Herbert Milstein	
STREET ADDRESS	7628 STOCKTON TERRACE		3.3 STREET ADDRESS	7379 London Lane	
CITY-ST-ZIP	BOCA RATON FL		3.4. CITY-ST-ZIP	Boca Raton, FL 33433	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SIEDLER, MARK		4. 2 NAME		
STREET ADDRESS	7657 LONDON LN		4.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33433		4.4 CITY-ST-ZIP		
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	VPD	☐ DELETE	6.1 TITLE		☐ Change ☒ Addition
NAME	BRUCE E. HANDE.		6.2 NAME		
STREET ADDRESS	7587 LONDON LANE.		6.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL. 33433		6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED [signature] ARNOLD BRAMNICK /TREAS 1/14/99 561-338-8050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)