
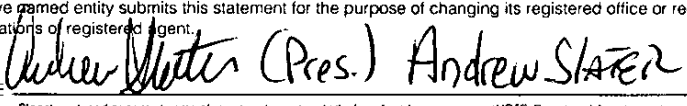
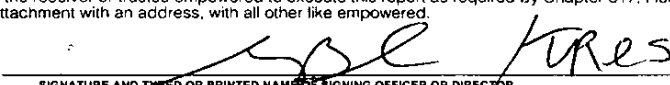


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90279 027 \*\*\*\*61.25

<b>DOCUMENT # 745933</b> 1. Entity Name <b>THORNHILL ESTATES HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>7451 LONDON LANE BOCA RATON, FL 33433</b>			Mailing Address <b>6401 CONGRESS AVE SUITE 140 BOCA RATON, FL 33487</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SLATER, ANDREW 7386 WEXFORD TERRACE BOCA RATON, FL 33433</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. 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. I am familiar with, and accept the obligations of registered agent. <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">   <b>Andrew Slater (Pres.)</b>            SIGNATURE         </div> <div style="text-align: center;"> <b>4/21/07</b>            DATE         </div> </div> <p style="font-size: small; text-align: center;">(NOTE: Registered Agent signature required when reinstating)</p>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> </div> </div>					
TITLE	<b>PD SLATER, ANDREW</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SLATER, ANDREW</b>		NAME		
STREET ADDRESS	<b>7386 WEXFORD TERR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BOCA RATON, FL 33433</b>		CITY-ST-ZIP		
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LIGHT, JOSH VD</b>		NAME		
STREET ADDRESS	<b>7405 LONDON LANE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BOCA RATON, FL 33433</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KOVACK, BRUCE</b>		NAME	<b>Kovack, Bruce</b>	
STREET ADDRESS	<b>7445 LONDON LANE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BOCA RATON, FL 33433</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>STATLANDER, DANIEL</b>		NAME	<b>Silverman, Stuart</b>	
STREET ADDRESS	<b>7429 LONDON LANE</b>		STREET ADDRESS	<b>7426 Carnick Terrace B24</b>	
CITY-ST-ZIP	<b>BOCA RATON, FL 33433</b>		CITY-ST-ZIP	<b>BOCA RATON FL 33433</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRAMNICK, ARNOLD</b>		NAME		
STREET ADDRESS	<b>7659 NEWPORT TERRACE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BOCA RATON, FL 33433</b>		CITY-ST-ZIP		
TITLE	<b>SD</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANDREACCHI, FRANK</b>		NAME		
STREET ADDRESS	<b>7391 LONDON LANE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BOCA RATON, FL 33433</b>		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b>  <b>4/18/07 561-807-3655</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					