



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90072 011 ****61.25

DOCUMENT # 745933 1. Entity Name THORNHILL ESTATES HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 7451 LONDON LANE BOCA RATON, FL 33433			Mailing Address 6401 CONGRESS AVE SUITE 140 BOCA RATON, FL 33487		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 12005. Rogers Circle Ste 3		40074510 	
City & State Boca Raton FL		City & State Boca Raton FL		4. FEI Number 59-2029280	
Zip 33487		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SLATER, ANDREW 7386 WEXFORD TERRACE BOCA RATON, FL 33433				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SLATER, ANDREW 7386 WEXFORD TERR BOCA RATON, FL 33433	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cohen, Jacob 7547 London Lane Boca Raton FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KOVACK, BRUCE 7445 LONDON LANE BOCA RATON, FL 33433	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rose, Michael 7499 London Lane Boca Raton FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHERMAN, STUART 7426 CAMCK TERRACE #24 BOCA RATON, FL 33432	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Silverman, Stuart 7426 Carrick Terrace Boca Raton FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRAMNICK, ARNOLD 7659 NEWPORT TERRACE BOCA RATON, FL 33433	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ANDREACCHI, FRANK 7391 LONDON LANE BOCA RATON, FL 33433	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
SIGNATURE: ARNOLD BRAMNICK <i>[Signature]</i> 4/9/08 861-8073655 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					