

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90428 020 \*\*\*\*70.00

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04182007 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # 747411</b> 1. Entity Name THURSTON HOME OWNERS ASSOCIATION, INC.					
Principal Place of Business 300 AVE OF THE CHAMPIONS STE 120 PALM BEACH GARDENS, FL 33418 US			Mailing Address 300 AVE OF THE CHAMPIONS STE 120 PALM BEACH GARDENS, FL 33418 US		
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	Country	4. FEI Number 59-1969415	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SUSAN QUEEN 300 AVE OF THE CHAMPION PALM BCH. GARDENS, FL 33418			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> 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	ST KOFF, BENARD 300 AVE OF CHAMPIONS PALM BCH. GARDENS, FL 33418	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(President) <b>ARTHUR GARBARINO</b> 11 CAMBRIA ROAD EAST PALM BEACH GARDENS FL 33418	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ARBC GARBARINO, ARTHUR P 300 AVE OF CHAMPIONS PALM BCH. GARDENS, FL 33418	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Vice President) <b>DR HILLARD GERSTEN</b> 16 BALFOUR RD PALM BEACH GARDENS FL 33418	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CARBONE, JOSEPH 300 AVE OF CHAMPIONS PALM BCH GDN, FL 33418	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TEASURER</b> BERNARD KOFF 8 CAMBRIA RD PALM BEACH GARDENS FL 33418	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPENCER, VIRGINIA 300 AVE OF CHAMPIONS PALM BCH GDN, FL 33418	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> ELAINE PATON 3 CARLISLE COURT PALM BEACH GARDENS FL 33418	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOFF, BERNARD 300 AVE OF CHAMPIONS PALM BCH GDN, FL 33418	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ARC Chairperson</b> ALAN CHAPMAN 7 CAMBRIA RD PALM BEACH GARDENS 33418	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATON, ELAINE 300 AVE OF CHAMPIONS PALM BCH GARDENS, FL 33418	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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> <i>Arthur C. Gersten</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					