


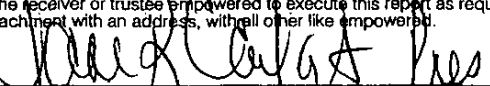
2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90434 014 ****61.25

DOCUMENT # 752293 1. Entity Name THORNHILL LAKE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 951 BROKEN SOUND PKWY #250 BOCA RATON, FL 33487 US			Mailing Address 951 BROKEN SOUND PKWY #250 BOCA RATON, FL 33487 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2144698	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MESSINGER, JOEL AGENT 951 BROKEN SOUND PKWY #250 BOCA RATON, FL 33487				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KACZPERSKI, ED		NAME		
STREET ADDRESS	6791 BRIDLEWOOD CT		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP		
TITLE	PTD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	IADAROLA, JAMES		NAME	P D	
STREET ADDRESS	6734 BEIDLEWOOD CT.		STREET ADDRESS	Jane Carlantonio	
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP	6762 Bridlewood Court	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	Boca Raton, FL 33433	
NAME	MALITO, NANCY		NAME	S D	
STREET ADDRESS	6724 BRIDLEWOOD CT		STREET ADDRESS	Leslye deWeever	
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP	6771 Bridlewood Ct	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	Boca Raton, FL 33433	
NAME	CARLANTONIO, JANE		TITLE	T D	
STREET ADDRESS	6762 BRIDLEWOOD CT.		STREET ADDRESS	Susan Harding	
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP	6746 Bridlewood Ct	
TITLE	<input type="checkbox"/> Delete		TITLE	Boca Raton, FL. 33433	
NAME			STREET ADDRESS	D	
STREET ADDRESS			CITY-ST-ZIP	Chris Moran	
CITY-ST-ZIP			TITLE	Boca Raton, FL 33433	
TITLE	<input type="checkbox"/> Delete		NAME		
NAME			STREET ADDRESS		
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			TITLE		
TITLE	<input type="checkbox"/> Delete		NAME		
NAME			STREET ADDRESS		
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			TITLE		

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:  **Pres.**

Date: 4/20/06 Daytime Phone # _____