


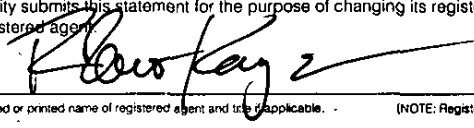
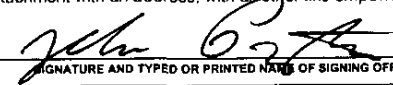


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90148 004 \*\*\*\*61.25

<b>DOCUMENT # 752293</b> 1. Entity Name <b>THORNHILL LAKE HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>951 BROKEN SOUND PKWY #250 BOCA RATON, FL 33487 US</b>			Mailing Address <b>951 BROKEN SOUND PKWY #250 BOCA RATON, FL 33487 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		<div style="font-size: 24px; font-weight: bold;">40055000</div>  <div style="font-size: 12px;">04142008 Chg-NP CR2E037 (12/06)</div>	
City & State		City & State			
Zip Country		Zip Country			
4. FEI Number <b>59-2144698</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<div style="font-size: 24px; font-weight: bold;">40055000</div>  <div style="font-size: 12px;">04142008 Chg-NP CR2E037 (12/06)</div>	
6. Name and Address of Current Registered Agent  <b>SCHNER, LARRY PA 750 SOUTH DIXIE HIGHWAY BOCA RATON, FL 33432</b>					
7. Name and Address of New Registered Agent Name <b>ROBERT KAYE + ASSOCIATES PA</b> Street Address (P.O. Box Number is Not Acceptable) <b>6261 NW 6th Way</b> Suite <b>103</b> City <b>Fort Lauderdale</b> FL Zip Code <b>33309</b>					
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  DATE _____ <small>Signature, typed or printed name of registered agent and title (applicable). (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</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>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PENNINGTON, JOHN 6808 BRIDLEWOOD COURT 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	VP BONEWITZ, MICHELLE 6849 BRINDLEWOOD COURT 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	TDX HARDING, SUSAN 6746 BRIDLEWOOD CT 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	D MORAN, CHRIS 6753 CRIDLEWOOD CT 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	S IDAROLA, KATHY 6734 BRIDLEWOOD COURT 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	   	<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: 			4/18/08 561-302-1359 <small>Date Daytime Phone #</small>		