


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90040 017 ****61.25

DOCUMENT # N51178	
1. Entity Name THORNEHILL OWNERS ASSOCIATION, INC.	

Principal Place of Business 5522 NW 43RD ST GAINESVILLE, FL 32653 US	Mailing Address 5522 NW 43RD ST STE A GAINESVILLE, FL 32653 US
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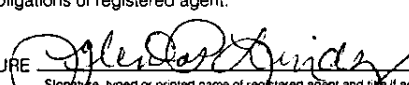
50003810



2. Principal Place of Business 5522 NW 43 ST Suite, Apt. #, etc. B	3. Mailing Address 5522 NW 43 ST Suite, Apt. #, etc. B
City & State GAINESVILLE, FL	City & State GAINESVILLE, FL
Zip 32653 Country US	Zip 32653 Country US

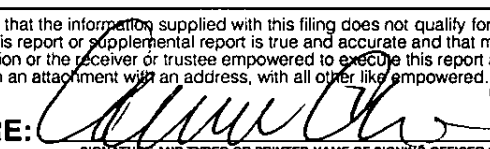
03142006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-3198136		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent TENAGLIA, RICHARD A BOSSHARDT PROPERTY MGT. 5522 NW 43RD ST GAINESVILLE, FL 32653		7. Name and Address of New Registered Agent Name GLEND A LINDSEY Street Address (P.O. Box Number is Not Acceptable) BOSSHARDT PROPERTY MGT. 5522 NW 43 ST. STE B City GAINESVILLE FL Zip Code 32653

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  Signature, typed or printed name of registered agent and title if applicable.	GLENDA LINDSEY (NOTE: Registered Agent signature required when reinstating) DATE 3-16-06

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALSOBROOK, ALVIN V 6621 NW 50 LANE GAINESVILLE, FL 32653 <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 CARISON, PATRICIA 5120 NW 67TH ST GAINESVILLE, FL 32653 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARGARET GREEN 6917 NW 52 LANE GAINESVILLE, FL 32653 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STRIPLING, ROBERT O JR. PO BOX 1287 GAINESVILLE, FL 33602 <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 BARR, KENNETH 4905 NW 67TH ST. GAINESVILLE, FL 32653 <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 WALKER, CLAY 5428 NW 67TH ST HIGH SPRINGS, FL 32655 <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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	ALVIN V. ALSOBROOK 3-16-06 352-373-5105 Date Daytime Phone #