

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000982

FILED
Jan 11, 2005
Secretary of State

Entity Name: THORNAPPLE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

11670 THORNAPPLE DRIVE
JACKSONVILLE, FL 32223

New Principal Place of Business:

Current Mailing Address:

11670 THORNAPPLE DRIVE
JACKSONVILLE, FL 32223

New Mailing Address:

FEI Number: 59-3433867

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNS, KIMBERLY
11670 THORNAPPLE DRIVE
JACKSONVILLE, FL 32223 US

Name and Address of New Registered Agent:

JOHNS, KIMBERLY S
11670 THORNAPPLE DRIVE
JACKSONVILLE, FL 32223 US

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.

SIGNATURE: KIMBERLY S. JOHNS

01/11/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LOVELY, MARY
Address: 11643 THORNAPPLE DR
City-St-Zip: JACKSONVILLE, FL 32223

Title: SD () Delete
Name: LOVELY, MARY
Address: 11643 THORNAPPLE DR.
City-St-Zip: JACKSONVILLE, FL 32223

Title: TSD () Delete
Name: JOHNS, KIMBERLY
Address: 11670 THORNAPPLE DR
City-St-Zip: JACKSONVILLE, FL 32223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BILTOC, CLAUDIO
Address: 11662 THORNAPPLE DR
City-St-Zip: JACKSONVILLE, FL 32223

Title: VD (X) Change () Addition
Name: DOYLE, MICHAEL
Address: 11685 THORNAPPLE DR.
City-St-Zip: JACKSONVILLE, FL 32223

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIMBERLY S. JOHNS

TS

01/11/2005

Electronic Signature of Signing Officer or Director

Date