2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N97000002038

1. Entity Name
THORNTON HILLS HOMEOWNERS ASSOCIATION INC.

Principal Place of Business	Mailing Address
5991 THORNTON LANE	5991 THORNTON LANE
TALLAHASSEE, FL 32308	TALLAHASSEE, FL 32308

DO NOT WRITE IN THIS SPACE

03142006 No Chg-NP   CR2E037 (11/05)

4. FEI Number	Applied For
NOT APPLICABLE	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DIX, LINDA
5991 THORNTON LANE
TALLAHASSEE, FL 32308

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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.   (NOTE: Registered Agent signature required when reinstating)   DATE

**Filing Fee is $61.25
Due by May 1, 2006**

9. Election Campaign Financing ☐ **$5.00** May Be
Trust Fund Contribution.   Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BOHL, STEVEN
STREET ADDRESS	5979 THORNTON LANE
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	TD
NAME	DIX, LINDA
STREET ADDRESS	5991 THORNTON LANE
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	SD
NAME	WEEKS, TERESA
STREET ADDRESS	5997 THORNTON LANE
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Linda Dix_   3-15-06   850-980-5200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #