

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

18-3580

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 14 AM 9:20

DOCUMENT # N04080 (0)

1. Corporation Name

THORNEBROOK VILLAGE MAINTENANCE, INC.

Principal Place of Business Mailing Address
2441 NW 43RD ST. Unit 6A 2441 NW 43RD ST. Unit 6A
GAINESVILLE FL 32606 GAINESVILLE FL 32606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/09/1984** 3a. Date of Last Report **03/15/1994**
4. FEI Number **59-2445110** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOHNSON, CARL L.
2731 N.W. 41ST ST., SUITE B-3
GAINESVILLE FL 32606**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	HALL, JULIE V.
STREET ADDRESS	2441 NW 43RD ST.
CITY - ST - ZIP	GAINESVILLE FL
TITLE	TD
NAME	MOO, TERENCE
STREET ADDRESS	2441 NW 43RD ST.
CITY - ST - ZIP	GAINESVILLE FL
TITLE	PD
NAME	SOLOMON, STEVE
STREET ADDRESS	6815 NW 57TH WAY
CITY - ST - ZIP	GAINESVILLE FL
TITLE	D
NAME	ARRIGHI, DAVID
STREET ADDRESS	2441 NW 43RD STREET
CITY - ST - ZIP	GAINESVILLE FL
TITLE	D
NAME	DORN, TOM
STREET ADDRESS	4140 NW 18TH BLVD
CITY - ST - ZIP	GAINESVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JACKS, MAUREEN
1.3 STREET ADDRESS	2441 NW 43rd St. #11B
1.4 CITY - ST - ZIP	Gainesville, Fl. 32606
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	FRANK, ARTHUR
4.3 STREET ADDRESS	2441 NW 43rd St. #6D
4.4 CITY - ST - ZIP	Gainesville, Fl. 32606
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 individual, trustee, or partner empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13, or in Block 14, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR
STEVE SOLOMON, PRES.

3/3/95 904 376-6062