

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N04080** (0)

1. Corporation Name

THORNEBROOK VILLAGE MAINTENANCE, INC.



Principal Place of Business: **2441 NW 43RD ST. GAINESVILLE FL 32606**
Mailing Address: **2441 NW 43RD ST. GAINESVILLE FL 32606**

3. Date Incorporated or Qualified: **07/09/1984**
3a. Date of Last Report: **04/14/1995**
4. FEI Number: **59-2445110**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent
**JOHNSON, CARL L.
2731 N.W. 41ST ST., SUITE B-3
GAINESVILLE FL 32606**

10. Name and Address of New Registered Agent
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	JACKS, MAUREEN	
STREET ADDRESS	2441 NW 43RD ST. 118	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MOO, TERRENCE	
STREET ADDRESS	2441 NW 43RD ST.	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SOLOMON, STEVE	
STREET ADDRESS	6815 NW 57TH WAY	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FRANK, ARTHUR	
STREET ADDRESS	2441 NW 43RD ST. 6D	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DORN, TOM	
STREET ADDRESS	4140 NW 16TH BLVD	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DAVID JACKSON
3.3 STREET ADDRESS	2441 N.W. 43rd St. Unit 26
3.4 CITY-ST-ZIP	Gainesville, Fl. 32606
4.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DAVID MCKINZEY
5.3 STREET ADDRESS	2441 N.W. 43rd St. Unit 11A
5.4 CITY-ST-ZIP	Gainesville, Fl. 32606
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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Arthur E. Frank 3/12/96 352-378-4947
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
ARTHUR E. FRANK

CR2E037 (12/95)