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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #1. Corporation Name

(0)

THORNEBROOK VILLAGE MAINTENANCE, INC.

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FILED

Mar 02 1998 8:00am

Secretary of State

| Principal Plac | e of Business | Mailing Address | | | r indesiries als maitir menti meste intire Batri Britis mehrs dirbit didiri Azber Abbir effet |
|---|---|--------------------------------|--|--|--|
| 2441 NW 43RD |) \$1. | 2441 NW 43RD ST. | t 6 A | | 3. Date Incorporated or Qualified |
| GAINESVILLE FL 32606 | | GAINESVILLE FL 32606 | | | 07/09/1984 |
| | | | | | 4. FEI Number Applied For |
| | | | | | 59-2445110 Not Applicable |
| 2. Principal Place of Business | | 2a. Mailing Address | | | 6. Certificate of Status Desired S8.75 Additional |
| 21 | | [26] | | | Fee Required |
| Sulte, Apt. #, etc. | | Suite, Apt. #, etc. | | | 6. Election Campaign Financing \$5.00 May Be |
| City & State | | City & State | | | Trust Fund Contribution Added to Fees |
| 23 | | 28 | | | 7. Is this nonprofit corporation a homeowners association? |
| Zip | Country | Zip | Cou | ntry | This corporation owes or has paid the current year Intangible |
| 24 | 25 | 29 | 30 | | Personal Property Tax due June 30. 🔲 Yes 🔀 No |
| | 9. Name and Address of Curren | t Registered Agent | | | 10. Name and Address of New Registered Agent |
| | | | | 81 Name | |
| JOHNSON, CARL L. | | | 82 Street | Address (P.O. Box Number is Not Acceptable) | |
| 2731 N.W. 41ST ST., SUITE B-3 | | | 83 | · · · · · · · · · · · · · · · · · · · | |
| GAINES | VILLE FL 32606 | | | 63 | |
| | | | | 84 City | 85 Zip Code |
| 11. Pursuant | to the provisions of Sections 617 050 | 2 and 617 1508. Florida Statu | tes the al | pove-named | corporation submits this statement for the purpose of changing its registered |
| 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 . | Signature, typed or printed name of registered age: | nt and title if applicable (NO | TE: Registere | d Agent signature | required when reinstating) DATE |
| 12. | OFFICERS AND | | 13. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | DT | ☐ DELETE | 1.1 TC | | D Change Addition |
| NAME | JACKS, MAUREEN | | 1.2 N/ | l l | JACKS MAUREEN 118 |
| STREET ADDRESS | 2441 NW 43RD ST 11B | | | REET ADDRESS | Gainesville, 71. 32606 |
| C/TY-ST-ZIP | GAINESVILLE FL | Libritate | | TY-ST-ZIP | |
| TITLE | D BLANTON DONALD | L DELETE | 2.1 TO | | V-PD Ton Donald Change Addition Blanton Donald Blanton Donald Blanton Donald Change Addition |
| NAME | BLANTON, DONALD 2441 NW 43RD ST 24B-1 | | 2.2 N/ | | Blanton Warte ST. 24B-1 |
| STREET ADDRESS | GAINESVILLE FL | | | REET ADDRESS | 6 ames biller 7 8: 32606 |
| CITY-ST-ZIP TITLE | D D | DELETE | 2. 4 C | ITY-ST-ZIP | Addition Addition |
| NAME | JACKOSN, DAVID | Print Petril | 3.2 N/ | | D E Change . Addition |
| STREET ADDRESS | 2441 NW 43RD STREET UNIT | 26 | | REET ADDRESS | 21141 N.W. 4314. 4T. Unit 26 |
| City-St-ZiP | GAINESVILLE FL | | | ITY-ST-ZIP | JACKSON, DAVID JACKSON, DAVID |
| TITLE | PD | DELETE | 4.1 Tr | | Change Addition |
| NAME | FRANK, ARTHUR | | 4. 2 N | AME | Attight, DAVIO Auditor |
| STREET ADDRESS | 2441 NW 43RD ST. 6D | | 4.3 ST | REET ADDRESS | 2441 VVW 45" 11/ 60 |
| City-St-Zip | | | | | 4: N. (- 4) . (- 4) . Tag (- 1) #6/4/2/2 |
| TITLE | GAINESVILLE FL | | 4.4 CI | TY-ST-ZIP | Courseson e, 12. |
| NAME | D GAINESVILLE FL | ☐ DELETE | 4.4 CI 5.1 Tr | | PD. Addition |
| | D MCKINZEY, DAVID | | | TLE | PD CKinzey, David Change Addition |
| STREET ADDRESS | D MCKINZEY, DAVID 2441 NW 43RD STREET UNIT | | 5.1 Tr 5.2 N/ | TLE | PD David Change Addition McKinzey, David Str. Unit 11 A |
| CITY-ST-ZIP | D MCKINZEY, DAVID | 11A | 5.1 Tr 5.2 N/ 5.3 ST 5.4 Cr | TLE VME PREET ADDRESS TY-ST-ZIP | McKinzey, David Change Addition McKinzey, David Guy, N.W. 43 H. ST, Unit 11 A Gaines wite, 71. 32606 |
| CITY-ST-ZIP TITLE | D MCKINZEY, DAVID 2441 NW 43RD STREET UNIT | | 5.1 Tr 5.2 N/ 5.3 ST 5.4 Cl 6.1 Tr | TLE VAME PREET ADDRESS TY-ST-ZIP TLE | PD Parid Phange Addition PACKINZEY, David BU41 N.W. 43H. ST, Unit 11 A Gaines wite, 71. 32606 Change Addition |
| CITY-ST-ZIP | D MCKINZEY, DAVID 2441 NW 43RD STREET UNIT | 11A | 5.1 Tr 5.2 N/ 5.3 ST 5.4 Cr | TLE VAME PREET ADDRESS TY-ST-ZIP TLE | McKinzey, David Change Addition McKinzey, David Guy, N.W. 43 H. ST, Unit 11 A Gaines wite, 71. 32606 |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 attruction with an address.

DAVID ARRIGHI 8/24/99