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Mar 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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. #6A GAINESVILLE FL 32606
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3. Date Incorporated or Qualified 07/09/1984	4. FEI Number 59-2445110	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE DT	<input type="checkbox"/> DELETE JACKS, MAUREEN 2441 NW 43RD ST 11B GAINESVILLE FL	1.1 TITLE D 1.2 NAME JACKS, MAUREEN 1.3 STREET ADDRESS 2441 N.W. 43RD ST. 11B 1.4 CITY - ST - ZIP Gainesville, FL 32606
TITLE D	<input type="checkbox"/> DELETE BLANTON, DONALD 2441 NW 43RD ST 24B-1 GAINESVILLE FL	2.1 TITLE V-P D 2.2 NAME Blanton, Donald 2.3 STREET ADDRESS 2441 N.W. 43RD ST. 24B-1 2.4 CITY - ST - ZIP Gainesville, FL 32606
TITLE D	<input type="checkbox"/> DELETE JACKSON, DAVID 2441 NW 43RD STREET UNIT 26 GAINESVILLE FL	3.1 TITLE D 3.2 NAME JACKSON, DAVID 3.3 STREET ADDRESS 2441 N.W. 43RD ST. Unit 26 3.4 CITY - ST - ZIP Gainesville, FL 32606
TITLE PD	<input type="checkbox"/> DELETE FRANK, ARTHUR 2441 NW 43RD ST. 6D GAINESVILLE FL	4.1 TITLE D 4.2 NAME Arrighi, DAVID 4.3 STREET ADDRESS 2441 N.W. 43RD ST #6D 4.4 CITY - ST - ZIP Gainesville, FL 32606
TITLE D	<input type="checkbox"/> DELETE MCKINZEY, DAVID 2441 NW 43RD STREET UNIT 11A GAINESVILLE FL	5.1 TITLE PD 5.2 NAME MCKinzeY, David 5.3 STREET ADDRESS 2441 N.W. 43RD ST. Unit 11A 5.4 CITY - ST - ZIP Gainesville, FL 32606
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY - ST - ZIP		6.4 CITY - ST - ZIP

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TITLE	<input type="checkbox"/> DELETE	6.1 TITLE
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY - ST - ZIP		6.4 CITY - ST - ZIP

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 attachment with an address.

SIGNATURE:  **DAVID ARRIGHI** 2/24/98 378-4947

CP2E037 (10/97)