

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 28, 2004  
Secretary of State**

DOCUMENT# N04080

Entity Name: THORNEBROOK VILLAGE MAINTENANCE, INC.

**Current Principal Place of Business:**

2441 NW 43RD ST.  
15 F  
GAINESVILLE, FL 32606

**New Principal Place of Business:**

**Current Mailing Address:**

2441 NW 43RD ST.  
15 F  
GAINESVILLE, FL 32606 US

**New Mailing Address:**

FEI Number: 59-2445110      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JOHNSON, CARL L.  
4421 NW 39TH AVE  
GAINESVILLE, FL 32606

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: JACKS, MAUREEN  
Address: 2441 NW 43RD ST 11B  
City-St-Zip: GAINESVILLE, FL 32606

Title: D      ( ) Delete  
Name: RAULERSON, ANN  
Address: 2441 NW 43RD STREET UNIT 15  
City-St-Zip: GAINESVILLE, FL 32606

Title: D      ( ) Delete  
Name: GREEN, MICHAEL  
Address: 2441 NW 43RD STREET UNIT 5 B  
City-St-Zip: GAINESVILLE, FL 32606

Title: D      ( ) Delete  
Name: MCINTYRE, MARY  
Address: 2441 NW 43RD STREET UNIT 11A  
City-St-Zip: GAINESVILLE, FL 32606

Title: PD      ( ) Delete  
Name: ARRIGHI, DAVID  
Address: 2441 NW 43RD ST 6D  
City-St-Zip: GAINESVILLE, FL 32606

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID ARRIGHI

PD

04/28/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date