

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Sep 01, 2004 8:00 am
Secretary of State

09-01-2004 90008 038 *****61.25

DOCUMENT # N04080
1. Entity Name
THORNEBROOK VILLAGE MAINTENANCE, INC.



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

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
59-2445110 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent
**JOHNSON, CARL L.
4421 NW 39TH AVE
GAINESVILLE FL 32606**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | JACKS, MAUREEN | |
| STREET ADDRESS | 2441 NW 43RD ST 11B | |
| CITY-ST-ZIP | GAINESVILLE FL 32606 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | RAULERSON, ANN | |
| STREET ADDRESS | 2441 NW 43RD STREET UNIT 15 | |
| CITY-ST-ZIP | GAINESVILLE FL 32606 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | GREEN, MICHAEL | |
| STREET ADDRESS | 2441 NW 43RD STREET UNIT 5 B | |
| CITY-ST-ZIP | GAINESVILLE FL 32606 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MCINTYRE, MARY | |
| STREET ADDRESS | 2441 NW 43RD STREET UNIT 11A | |
| CITY-ST-ZIP | GAINESVILLE FL 32606 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | ARRIGHI, DAVID | |
| STREET ADDRESS | 2441 NW 43RD ST 6D | |
| CITY-ST-ZIP | GAINESVILLE FL 32606 | |
| TITLE | Secretary | <input type="checkbox"/> Delete |
| NAME | Betsy Whitaker | |
| STREET ADDRESS | 2564 NW 13th St | |
| CITY-ST-ZIP | Gainesville, FL 32609 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Betsy Whitaker Sec.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #