

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
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:

ARRIGHI, DAVID
2441 NW 43RD ST.
SUITE 6 D
GAINESVILLE, FL 32606 US

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: BUDD, HARVEY
Address: 2441 NW 43RD ST UNIT 25B
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: TREA () Delete
Name: CLAPP, BEVERLY
Address: 2441 NW 43RD STREET UNIT 5A
City-St-Zip: GAINESVILLE, FL 32606

Title: SEC () Delete
Name: SMITH, JACQUELYN
Address: 2441 NW 43RD STREET UNIT 3C
City-St-Zip: GAINESVILLE, FL 32606

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

Title: D () Delete
Name: WHITAKER, BETSY
Address: 2624 B NW 13TH ST.
City-St-Zip: GAINESVILLE, FL 32609

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 exemption stated in Chapter 119, 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

Electronic Signature of Signing Officer or Director

PRES

04/29/2009

Date