


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90167 034 \*\*\*\*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



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2445110**      Applied For  
Not Applicable

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JACKS, MAUREEN</b>	
STREET ADDRESS	<b>2441 NW 43RD ST 11B</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32606</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>COLEY-CANNON, KAREN</b>	
STREET ADDRESS	<b>2441 NW 43RD STREET UNIT 15</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32606</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GREEN, MICHAEL</b>	
STREET ADDRESS	<b>2441 NW 43RD STREET UNIT 5 B</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32606</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MCINTYRE, MARY</b>	
STREET ADDRESS	<b>2441 NW 43RD STREET UNIT 11A</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32606</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>ARRIGHI, DAVID</b>	
STREET ADDRESS	<b>2441 NW 43RD ST 6D</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32606</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D RAULERSON, ANN</b>	
STREET ADDRESS	<b>2441 NW 43RD ST UNIT 15</b>	
CITY-ST-ZIP	<b>GAINESVILLE, FL 32606</b>	
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		

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: ~~SIGNATURE REQUIRED~~      2/6/03      352-378-4947

CFR2E037 (10/02)