

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04080

**Entity Name:** THORNEBROOK VILLAGE MAINTENANCE, INC.

**FILED**  
**Apr 02, 2019**  
**Secretary of State**  
**4615376458CC**

**Current Principal Place of Business:**

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

**Current Mailing Address:**

P.O. BOX 357790.  
GAINESVILLE, FL 32635-7790 US

**FEI Number: 59-2445110**

**Certificate of Status Desired: No**

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

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

*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

**Officer/Director Detail :**

Title D  
Name BUDD, HARVEY  
Address 2441 NW 43RD ST UNIT 25B  
City-State-Zip: GAINESVILLE FL 32606

Title SECRETARY  
Name AKERMAN, WENDY  
Address 2441 NW 43RD STREET UNIT 15  
City-State-Zip: GAINESVILLE FL 32606

Title TREASURER  
Name BRUCE, SCOTT  
Address 2441 NW 43RD STREET UNIT 11B  
City-State-Zip: GAINESVILLE FL 32606

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

Title D  
Name SMITH, JACQUIE  
Address 2441 NW 43RD ST.  
15 F  
City-State-Zip: GAINESVILLE FL 32606

*I hereby 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 all other like empowered.*

**SIGNATURE: DAVID ARRIGHI**

**PRESIDENT**

**04/02/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date