

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90044 007 ***150.00

DOCUMENT # 284807

1. Entity Name
NORTH GATE VILLAGE MAINTENANCE CORP



Principal Place of Business
**1211 8TH ST N.W.
WINTER HAVEN, FL 33881**

Mailing Address
**1211 8TH ST N.W.
WINTER HAVEN, FL 33881**



01112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1097030

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**THIBODEAU, BOB
1211 8TH ST N.W.
WINTER HAVEN, FL 33881**

**DO NOT WRITE
IN THIS SPACE**

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 \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	SWANSON, JOYCE
STREET ADDRESS	1206 7TH ST. NW
CITY-ST-ZIP	WINTER HAVEN, FL
TITLE	D
NAME	BOB THIBODEAU Steve Morninger
STREET ADDRESS	1211 8TH ST N.W. 1209 8th St., N.W.
CITY-ST-ZIP	WINTER HAVEN, FL Winter Haven, FL 33881
TITLE	PD
NAME	THIBODEAU, BOB
STREET ADDRESS	1211 8TH ST NW
CITY-ST-ZIP	WINTER HAVEN, FL 33881
TITLE	D
NAME	GEUDER, BONNIE
STREET ADDRESS	1218 7TH ST N.W.
CITY-ST-ZIP	WINTER HAVEN, FL 33881
TITLE	D
NAME	BRUECKNER, JANE
STREET ADDRESS	1203 8TH STREET NW
CITY-ST-ZIP	WINTER HAVEN, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, 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: *(X) Bob Thibodeau*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bob Thibodeau 02/07/06 863-294-8944
Date Daytime Phone #