


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

**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**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc  
 City & State  
 Zip Country

1st MOORE CR2E034 (10/06)

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**

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 \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	SWANSON, JOYCE	
STREET ADDRESS	1206 7TH ST. NW	
CITY- ST- ZIP	WINTER HAVEN FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HORNINGER, STEVE	
STREET ADDRESS	1209 8TH ST NW	
CITY- ST- ZIP	WINTER HAVEN FL 33881	
TITLE	PD	<input type="checkbox"/> Delete
NAME	THIBODEAU, BOB	
STREET ADDRESS	1211 8TH ST NW	
CITY- ST- ZIP	WINTER HAVEN FL 33881	
TITLE	D	<input type="checkbox"/> Delete
NAME	GEUDER, BONNIE	
STREET ADDRESS	1218 7TH ST N.W.	
CITY- ST- ZIP	WINTER HAVEN FL 33881	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRUECKNER, JANE	
STREET ADDRESS	1203 8TH STREET NW	
CITY- ST- ZIP	WINTER HAVEN FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	U00000608033	
CITY- ST- ZIP	01/31/07-80055-024 150.00	
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
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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** *Robert Thibodeau* **ROBERT THIBODEAU** 1/18/07 863-294-8944  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone