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

NONPROFIT **CORPORATION ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT #

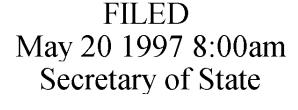
758272

(9)

## THORNEBROOK II MAINTENANCE CORPORATION, INC.

Prin	cipal	Place	of B	ısiness
4140	N.W.	27TH	LANE	

Mailing Address



4140 N.W. 27TH GAINESVILLE FL		4140 N.W. 27TH LANE Gainesville Fl 32606-6617							
						3. Date Incorporated or Qualified 11/02/1981	3a. Da	te of Last F 05/01/19	teport 96
2. Principal Pi	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number		A	pplied For
21	14	26				59-2264680		N	ot Applicable
Sulte, Apt.		Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional equired
City & State		City & State	· · · · · · · · · · · · · · · · · · ·			6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip 24	Country 25	Zip 29	Coun 30	try			Yes 5	<b>X</b> No	s. 199.032,
	9. Name and Address of Curren	t Registered Agent		al .		10. Name and Address of New Reg	gistered A	Agent	
			'	Name					j
GREEN, I			82 Street Addr		Addres	s (P.O. Box Number is Not Acceptab	le)		
	' 27TH LANE, SUITE G ILLE FL 32606			33					
CAINESY	ILLE PL 32000								
			. [1	34 City			FL	85 Zip	Code
11. Pursuant t	to the provisions of Sections 617.050	2 and 617.1508, Florida Statut	tes, the abo	ove-named	corpor	ation submits this statement for the p	urooso of	changing i	ts registered
agent, I ar	m familiar with, and accept the obliga	ations of, Section 617.0503, Fi	aumorizea orida Statu	by the corp tes.	poration	statement for the pi 's board of directors. I hereby accep	the app	ointment as	registered
SIGNATURE									
12.	Signature, typed or printed name of registered age OFFICERS ANI		E. Registered Agent signature required when reinstating)  13. ADDITIONS/CHANGES TO OFFICER			DATE AND	Dintolo	20 IN 10	
TITLE	VD OF TOLING KINI	DELETE	1.1 1111	F	PD	ADDITIONS/CHANGES TO OFFIC	EH2 VIND	Change	AS IN 12
NAME	WALTHER, ROBERT		1,2 NAN		`			(4) Ollarigo	
STREET ADDRESS	4140 NW 27TH LN STE F			EET ADDRESS					
CITY-ST-ZIP	GAINESVILLE, FL 32606		1.4 CITY	- ST - ZIP					
TITLE	STD	☐ DELETE	2.1 1(1)		VD			Change	Addition
NAME	GREEN, PAUL M		2.2 NAN	Æ					
STREET ADORESS	4140 NW 27TH LANE, STE G		2.3 STR	E1 ADDRESS					
CITY-ST-ZIP	GAINESVILLE, FL 32606			Y - S1 - ZIP					
TITLE	PD	☐ DELETE	3.1 TITL	F	ST	_		Change	☐ Addition
NAME	THOMSON, T M		3.2 NAN		Bu	VIR, CAROLE M.	_		
STREET ADDRESS	4140 NW 27TH LANE STE H			EE1 ADDRESS	414	TIR, CAROLE M. IONW 27 LANE - STE TINESVILLE, FL 326	C		
CITY-ST-ZIP TITLE	GAINESVILLE, FL 32606	DELETE	3.4. CIT 4.1 TITU	Y-ST-ZIP	S	TINGSVILLE, FL 326	06		Addres
NAME			4.1 IIIL					☐ Change	L Addition
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP				-ST-ZIP					
TITLE		DELETE	5.1 TITL					Change	Addition
NAME			5.2 NAN						
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP				- \$1 - 7IP					
TITLE		☐ DELETE	6.1 TITL		1			Change	Addition
NAME			6.2 NAM	IE .					
STREET ADDRESS			6.3 STR	EET ADDRESS					,
CITY-ST-ZIP			6.4 CHY	- ST - ZIP	<u></u>				

I do 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 annual report or supplemental annual 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 12 or Block 12 if changed, or on an attachment with an address.