

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758272

FILED  
Jan 07, 2008  
Secretary of State

**Entity Name:** THORNEBROOK II MAINTENANCE CORPORATION, INC.

**Current Principal Place of Business:**

4140 N.W. 27TH LANE  
STE M  
GAINESVILLE, FL 32606

**New Principal Place of Business:**

**Current Mailing Address:**

4140 N.W. 27TH LANE  
STE M  
GAINESVILLE, FL 32606

**New Mailing Address:**

**FEI Number:** 59-2264680

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WALTHER, ROBERT  
4140 NW 27TH LANE, SUITE F  
GAINESVILLE, FL 32606 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WALTHER, ROBERT  
Address: 4140 NW 27TH LN STE F  
City-St-Zip: GAINESVILLE, FL 32606,

Title: VD ( ) Delete  
Name: THOMSON, T.M.  
Address: 4140 NW 27TH LANE STE H  
City-St-Zip: GAINESVILLE, FL 32606

Title: STD ( ) Delete  
Name: BLAIR, CAROLE M  
Address: 394 TURKEY CREEK  
City-St-Zip: ALACHUA, FL 32615

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: SCHACHTER, STEPHEN  
Address: 4140 NW 27TH LN STE D  
City-St-Zip: GAINESVILLE, FL 32606

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: BLAIR, CAROLE M  
Address: 394 TURKEY CREEK  
City-St-Zip: ALACHUA, FL 32615

Title: SD ( ) Change (X) Addition  
Name: ROBERT, STERN  
Address: 537 NE 1ST STREET  
City-St-Zip: GAINESVILLE, FL 32601

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CAROLE M. BLAIR

SD

01/07/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date