

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007988

**FILED
Apr 30, 2004
Secretary of State**

Entity Name: ACORN PARKE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

10411 ALTA DR.
JACKSONVILLE, FL 32226

New Principal Place of Business:

Current Mailing Address:

10411 ALTA DR.
JACKSONVILLE, FL 32226

New Mailing Address:

PO BOX 26322
JACKSONVILLE, FL 32218

FEI Number: 59-3756754

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIXON, CHARLES E III
10411 ALTA DR.
JACKSONVILLE, FL 32226

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: D () Delete
Name: DIXON, BARRY E
Address: 10411 ALTA DR.
City-St-Zip: JACKSONVILLE, FL 32226

Title: D () Delete
Name: DIXON, OLIVER L
Address: 10411 ALTA DR.
City-St-Zip: JACKSONVILLE, FL 32226

Title: D () Delete
Name: DIXON, CHARLES E III
Address: 10411 ALTA DR.
City-St-Zip: JACKSONVILLE, FL 32226

Title: P () Delete
Name: DIXON, CHARLES E JR
Address: 10411 ALTA DR.
City-St-Zip: JACKSONVILLE, FL 32226

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SCHWEITZER, NATHAN W
Address: 10909 ACORN PARK CT
City-St-Zip: JACKSONVILLE, FL 32218

Title: D (X) Change () Addition
Name: GENEVA, HILLIARD
Address: ACORN PARK CT
City-St-Zip: JACKSONVILLE, FL 32218

Title: D (X) Change () Addition
Name: DEVON, JUDD
Address: ACORN PARK CT
City-St-Zip: JACKSONVILLE, FL 32218

Title: P (X) Change () Addition
Name: CORNELIUS, MATTHEWS
Address: ACORN PARK CT
City-St-Zip: JACKSONVILLE, FL 32218

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: NATHAN SCHWEITZER

D

04/30/2004

Electronic Signature of Signing Officer or Director

Date