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SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 22 AM 11:09

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morriam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N06861 (1)

1. Corporation Name
ACORN VILLAGE MANAGEMENT, INC.

Principal Place of Business C/O DON ASHER, & ASSOCIATES, INC. 52 E. SOUTH STREET ORLANDO FL 32801	Mailing Address C/O DON ASHER, & ASSOCIATES, INC. 52 E. SOUTH STREET ORLANDO FL 32801
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DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 12/28/1984	3a. Date of Last Report 04/20/1994
4. FEI Number 59-2581821	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

**DON ASHER & ASSOCIATES, INC.
52 E. SOUTH STREET
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 Zip Code

11. Pursuant to the provisions of Sections 607.0507 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Beth Palmer* DATE: **2-16-95**

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CABALAR, AURELIO
STREET ADDRESS	4836 SANOMA VILLAGE
CITY - ST - ZIP	ORLANDO FL
TITLE	TD
NAME	SEMAN, DONNA
STREET ADDRESS	4905 LAKE RIDGE
CITY - ST - ZIP	ORLANDO FL 32808
TITLE	VD
NAME	CARNEY, ELAINE
STREET ADDRESS	4943 SANOMA VILLAGE
CITY - ST - ZIP	ORLANDO FL
TITLE	S
NAME	LAMARITOTA, KATHLEEN
STREET ADDRESS	4940 SANOMA VILLAGE
CITY - ST - ZIP	ORLANDO FL 32808
TITLE	D
NAME	REECE, DOUG
STREET ADDRESS	4914 SILVER OAKS
CITY - ST - ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TD
2.3 STREET ADDRESS	WOODRILL, RICK
2.4 CITY - ST - ZIP	4974 SANOMA VILLAGE ORLANDO, FL 32808
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D
3.3 STREET ADDRESS	CARNEY, ELAINE
3.4 CITY - ST - ZIP	4943 SANOMA VILLAGE ORLANDO, FL 32808
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SD
4.3 STREET ADDRESS	CROSSMAN, RAY
4.4 CITY - ST - ZIP	4918 SILVER OAKS ORLANDO, FL 32808
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	VD
5.3 STREET ADDRESS	REECE, DOUG
5.4 CITY - ST - ZIP	4914 SILVER OAKS ORLANDO, FL 32808
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statute. 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 Statute; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *Merilee Roberts* DATE: **2-16-1995**