

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N06861** (1)

1. Corporation Name

ACORN VILLAGE MANAGEMENT, INC.



Principal Place of Business: P.O. BOX 4673 WINTER PARK FL 32793
Mailing Address: P.O. BOX 4673 WINTER PARK FL 32793

3. Date incorporated or Qualified: **12/28/1984**
3a. Date of Last Report: **02/22/1995**
4. FEI Number: **59-2581821**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent: **PROPERTY FIRST, INC. 8201-72 SUN SPRING CIRCLE ORLANDO FL 32825**
10. Name and Address of New Registered Agent: 81 **PROPERTY FIRST, INC**, 82 **1840 CYPRESS RIDGE DRIVE**, 84 **ORLANDO, FL** 85 **32825**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CABALAR, AURELIO	
STREET ADDRESS	4836 SANOMA VILLAGE	
CITY - ST - ZIP	ORLANDO FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WOODRELL, RICK	
STREET ADDRESS	4974 SANOMA VILLAGE	
CITY - ST - ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CARNEY, ELAINE	
STREET ADDRESS	4943 SANOMA VILLAGE	
CITY - ST - ZIP	ORLANDO FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GRSSMAN, RAY	
STREET ADDRESS	4918 SILVER OAKS	
CITY - ST - ZIP	ORLANDO FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	REECE, DOUG	
STREET ADDRESS	4914 SILVER OAKS	
CITY - ST - ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DOUGLAS REECE	
1.3 STREET ADDRESS	4914 SILVER OAKS	
1.4 CITY - ST - ZIP	ORLANDO, FL 32808	
2.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RICK WOODRELL	
2.3 STREET ADDRESS	4974 SANOMA VILLAGE	
2.4 CITY - ST - ZIP	ORLANDO, FL 32808	
3.1 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MARIE MARTIN	
3.3 STREET ADDRESS	4923 SANOMA VILLAGE	
3.4 CITY - ST - ZIP	ORLANDO, FL 32808	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	CYPRIAN HIGGINS	
4.3 STREET ADDRESS	4930 SANOMA VILLAGE	
4.4 CITY - ST - ZIP	ORLANDO, FL 32808	
5.1 TITLE	d	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	STEPHAN MASON	
5.3 STREET ADDRESS	4944 SANOMA VILLAGE	
5.4 CITY - ST - ZIP	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 119.07(3)(k), Florida Statutes, 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 13 if changed, or on an attachment with an address.

SIGNATURE: *Douglas Reece* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 700001740777 -03/13/96--01021--002 ***\$1.25 Daytime Phone #

CR2E037 (12/95)

MSB
3/12/96