


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N06861 1. Corporation Name ACORN VILLAGE MANAGEMENT, INC.			
Principal Place of Business 52 E. South Street Orlando, Fl 32801		Mailing Address 52 E. South Street Orlando, Fl 32801	
2. Principal Place of Business 21 52 E. South Street		2a. Mailing Address 26 52 E. South Street	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23 Orlando, Fl		City & State 28 Orlando, Fl	
Zip 24 32801		Zip 29 32801	
Country 25 Orange		Country 30 Orange	
3. Date Incorporated or Qualified 12/28/1984		3a. Date of Last Report 4/1996	
4. FEI Number 59-2581821		Applied For 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	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
81 Name Clifford B. Shepard, III, Esq.		82 Street Address (P.O. Box Number is Not Acceptable) Shepard, Filburn & Goodblatt, P.A.	
83 City ORLANDO		84 City ORLANDO	
85 Zip Code 32804		85 Zip Code 32804	
11. Pursuant to the provisions of Sections 617.0502 and 617.1908, 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: <i>[Signature]</i>		DATE: 4/18/97	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P/D CARNEY, ELAINE 4943 SANOMA VILLAGE ORLANDO, FL 32808	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	V/D HORN, PENNY 4932 SANOMA VILLAGE ORLANDO, FL 32808	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	T/D HIGGINS, CYPRIAN 4930 SANOMA VILLAGE ORLANDO, FL 32808	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	S/D COGGINS, EVELYN 4816 SANOMA VILLAGE ORLANDO, FL 32808	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D CABALAR, JOE 4936 SANOMA VILLAGE ORLANDO, FL 32808	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	100002154521 -04/25/97--01006--043 ***\$61.25	
14. 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 13 if changed, or on an attachment with an address.			
SIGNATURE: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Elaine F. Carney		DATE: 4-14-97 Daytime Phone #	

CR2E037 (9/96)