

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 12, 1999 8:00 am
Secretary of State

08-12-1999 90006 036 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

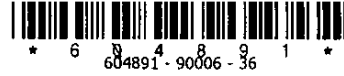


FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

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 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip Country

3. Date Incorporated or Qualified

12/28/1984

4. FEI Number

59-2581821

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

PRESIDENTIAL GROUP SOUTH, INC.
 135 W. PINEVIEW STREET
 ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name Asset Real Estate
 82 Street Address (P.O. Box Number is Not Acceptable) 4004 Edgewater Drive
 83 Orlando, FL 32804
 84 City Orlando FL 85 Zip Code 32804

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 *Mary Rivera, President*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Mary Rivera

7/26/99

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MOORE, ARTHUR	
STREET ADDRESS	4901 SILVER OAKS VILLAGE	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	ALLEN, LINDA	
STREET ADDRESS	306 PARTRIDGE LANE	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	GOWERS, SUSAN	
STREET ADDRESS	4948 SANOMA VILLAGE	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FOWLER, OLABISI	
STREET ADDRESS	4970 SANOMA VILLAGE	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

1.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Tracy Roberts	
1.3 STREET ADDRESS	4903 Silver Oaks	
1.4 CITY-ST-ZIP	Orlando, FL 32808	
2.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Bonnie Borders	
2.3 STREET ADDRESS	4954 Sanoma Village	
2.4 CITY-ST-ZIP	Orlando, FL 32808	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 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		

14. I 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, with all other like empowered.

SIGNATURE: *Susan...* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/26/99

Date

407-298-1550

Daytime Phone #