

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

0012670

03-03-2002 90127 025 ****61.25

DOCUMENT # N06861

1. Entity Name

ACORN VILLAGE MANAGEMENT, INC.

Principal Place of Business

Mailing Address

**4004 EDGEWATER DRIVE
 ORLANDO FL 32804-2837**

**4004 EDGEWATER DRIVE
 ORLANDO FL 32804-2837**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2581821

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ASSET REAL ESTATE INC.
 4004 EDGEWATER DR
 ORLANDO FL 32804**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
 NAME **MOORE, ARTHUR**
 STREET ADDRESS **3401 ALISSA COURT**
 CITY-ST-ZIP **ORLANDO FL 32808**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPD** Delete
 NAME **ROBERTS, TRACY**
 STREET ADDRESS **4903 SILVER OAKS VILLAGE**
 CITY-ST-ZIP **ORLANDO FL 32808**

TITLE **VPD** Change Addition
 NAME **DIANNA MASON**
 STREET ADDRESS **4944 SANOMA VILLAGE**
 CITY-ST-ZIP **ORLANDO, FL. 32808**

TITLE **TD** Delete
 NAME **GOWERS, SUSAN**
 STREET ADDRESS **4948 SANOMA VILLAGE**
 CITY-ST-ZIP **ORLANDO FL 32808**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** Delete
 NAME **BORDERS, BONNIE**
 STREET ADDRESS **4954 SANOMA VILLAGE**
 CITY-ST-ZIP **ORLANDO FL 32808**

TITLE **SD** Change Addition
 NAME **CYPRIAN HIGGINS**
 STREET ADDRESS **4930 SANOMA VILLAGE**
 CITY-ST-ZIP **ORLANDO, FL. 32808**

TITLE **D** Delete
 NAME **MARTIN, JAMES**
 STREET ADDRESS **4956 SANOMA VILLAGE**
 CITY-ST-ZIP **ORLANDO FL 32808**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Arthur Moore*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-02

407-290-2978
 Date Daytime Phone #

CR2E037 (9/01)