

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90111 016 ****61.25

DOCUMENT # N06861

1. Entity Name
ACORN VILLAGE MANAGEMENT, INC.



Principal Place of Business
**4004 EDGEWATER DRIVE
ORLANDO FL 32804-2837**

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

20002245



CHECK HERE IF MAKING CHANGES

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**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PD MOORE, ARTHUR	<input type="checkbox"/> Delete
STREET ADDRESS	3401 ALISSA COURT	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE NAME	VPD MASON, DIANNA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	4944 SANOMA VILLAGE	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE NAME	TD GOWERS, SUSAN	<input type="checkbox"/> Delete
STREET ADDRESS	4948 SANOMA VILLAGE	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE NAME	SD HIGGINS, CYPRIAN	<input type="checkbox"/> Delete
STREET ADDRESS	4930 SANOMA VILLAGE	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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* (REQUIRE) 1-2-03 407-925-847

CR2E037 (10/02)