

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007988

FILED
Apr 22, 2006
Secretary of State

Entity Name: ACORN PARKE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 26322
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

PO BOX 26322
JACKSONVILLE, FL 32218

New Mailing Address:

FEI Number: 59-3756754

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAMES, VALERIE
10935 SAWTOOTH OAK CT
JACKSONVILLE, FL 32218 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MACKEY, TRACY
Address: DARLINGTON OAK CT
City-St-Zip: JACKSONVILLE, FL 32218

Title: D () Delete
Name: YOUNG, KIMBERLY
Address: ACORN PARK DR
City-St-Zip: JACKSONVILLE, FL 32218

Title: D () Delete
Name: FRYER, M.
Address: DARLINGTON OAK CT
City-St-Zip: JACKSONVILLE, FL 32218

Title: P () Delete
Name: MCGHEE, GREG
Address: SAWTOOTH OAK CT
City-St-Zip: JACKSONVILLE, FL 32218

Title: VP () Delete
Name: BLAKELY, DEMETRIUS
Address: DARLINGTON OAK
City-St-Zip: JACKSONVILLE, FL 32218

Title: S () Delete
Name: JAMES, VALERIE
Address: SAWTOOTH OAK CT
City-St-Zip: JACKSONVILLE, FL 32218

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: HAMILTON, BRUNSTON
Address: DARLINGTON OAK CT
City-St-Zip: JACKSONVILLE, FL 32218

Title: D (X) Change () Addition
Name: JUDD, DEVON
Address: ACORN PARK
City-St-Zip: JACKSONVILLE, FL 32218

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: M.ALEXANDER

TRES

04/22/2006

Electronic Signature of Signing Officer or Director

Date