


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90038 044 ****70.00

DOCUMENT # N01000007988 1. Entity Name ACORN PARKE HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business PO BOX 26322 JACKSONVILLE, FL 32218		Mailing Address PO BOX 26322 JACKSONVILLE, FL 32218	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address PO BOX 26322 Suite, Apt. #, etc.	
City & State JACKSONVILLE FL		4. FEI Number 59-3756754	
Zip 32226		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JAMES, VALERIE 10935 SAWTOOTH OAK CT JACKSONVILLE, FL 32218		7. Name and Address of New Registered Agent Name Kim YOUNG Street Address (P.O. Box Number is Not Acceptable) 2781 ACORN PARK DR. N City JACKSONVILLE FL Zip Code 32218	
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 <u><i>Kim Young - Treas.</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u><i>3/27/08</i></u> <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACKAY, TRACY DARLINGTON OAK CT JACKSONVILLE, FL 32218	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete B B V-PRES. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TRACI WATLEX 10910 SAWTOOTH OAK CT. JAX, FL 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD YOUNG, KIMBERLY 2781 ACORN PARK DR. N JACKSONVILLE, FL 32208	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete TREAS. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRYAR, MARILYN DARLINGTON OAK CT JACKSONVILLE, FL 32218	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete CO-TREAS. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PORTIA COLEMAN 10936 ACORN PARK CT JAX, FL 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAMILTON, BRUNSTON DARLINGTON OAK CT JACKSONVILLE, FL 32218	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition HAMISH MACLEAN 10963 ACORN PARK CT JAX, FL 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JAMES, VALERIE SAWTOOTH OAK CT JACKSONVILLE, FL 32218	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete SEC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DEBRA JACKSON 10952 ACORN PARK CT JAX, FL 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D. <input type="checkbox"/> Change <input type="checkbox"/> Addition MAGGIE GARTRELL 2736 ACORN PARK DR. N. JAX, FL 32218
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Kim Young</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u><i>3/27/08</i></u> <small>Date Daytime Phone #</small>	

ATTAC

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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent JAMES, VALERIE 10935 SAWTOOTH OAK CT JACKSONVILLE, FL 32218		7. Name and Address of New Registered Agent Name DEBRA JACKSON Street Address (P.O. Box Number is Not Acceptable) 10935 SAWTOOTH OAK CT City JACKSONVILLE FL Zip Code 32218	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 STREET ADDRESS CITY - ST - ZIP	D MACKEY, TRACY DARLINGTON OAK CT JACKSONVILLE, FL 32218 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	B D BERNADETTE ALSTON 2709 ACORN PARK DR. N. JAY, FL 32218 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD YOUNG, KIMBERLY 2781 ACORN PARK DR. N JACKSONVILLE, FL 32208 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CARL CARLOND GRAY 10992 ACORN PARK DR. E. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FRYAR, MARILYN DARLINGTON OAK CT JACKSONVILLE, FL 32218 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HAMILTON, BRUNSTON DARLINGTON OAK CT JACKSONVILLE, FL 32218 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S JAMES, VALERIE SAWTOOTH OAK CT JACKSONVILLE, FL 32218 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: Kimi Olsburg		3/27/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	