

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007988

FILED
Apr 11, 2009
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:

2781 ACORN PARKE DR N
JACKSONVILLE, FL 32218

Current Mailing Address:

PO BOX 26322
JACKSONVILLE, FL 32226

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:

YOUNG, KIM
2781 ACORN PARK DR N
JACKSONVILLE, FL 32218 US

Name and Address of New Registered Agent:

YOUNG, KIM D
2781 ACORN PARK DR N.
JACKSONVILLE, FL 32218 US

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: KIM D. YOUNG

04/11/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP (X) Delete
Name: WATLEY, TRACI
Address: 10910 SAWTOOTH OAK CT
City-St-Zip: JACKSONVILLE, FL 32218

Title: T () Delete
Name: YOUNG, KIMBERLY
Address: 2781 ACORN PARK DR. N
City-St-Zip: JACKSONVILLE, FL 32208

Title: CT () Delete
Name: COLEMAN, PORTIA
Address: 10936 ACORN PARK CT
City-St-Zip: JACKSONVILLE, FL 32218

Title: P () Delete
Name: MACLEAN, HAMISH
Address: 10963 ACORN PARK CT
City-St-Zip: JACKSONVILLE, FL 32218

Title: S () Delete
Name: JACKSON, DEBRA
Address: 10952 ACORN PARK CT
City-St-Zip: JACKSONVILLE, FL 32218

Title: D () Delete
Name: GARTRELL, MAGGIE
Address: 2736 ACORN PARK DR N
City-St-Zip: JACKSONVILLE, FL 32218

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change () Addition
Name: YOUNG, KIM D
Address: 2781 ACORN PARK DR. N
City-St-Zip: JACKSONVILLE, FL 32218

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

I hereby certify that the information supplied with this filing does not qualify 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: KIM D. YOUNG

T

04/11/2009

Electronic Signature of Signing Officer or Director

Date