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

DOCUMENT # N0100007988

Entity Name

ACORN PARKE HOMEOWNERS ASSOCIATION, INC.

FILED Jan 21, 2003 8:00 am § Secretary of State

01-21-2003 90120 010 ****61.25



10411 ALTA DR. 104		Mailing Address 10411 ALTA DR. JACKSONVILLE FL 32220	0411 ALTA DR.			5/61 (15)/ 68// 68// 88// 86// 8	1 (1) 16 (1) (8 1) 1	11: 1 0 : 10: 10: 10: 10: 10: 10: 10: 10: 10: 10	
2. Principal Place of Business 3.		3. Mailing Address	Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number A	PPLIED FOR		Applied For	
Zip	Country	Zip	Country		5. Certificate of Si		\$8.75	Not Applicab Additional	e
	6. Name and Address of Curren	t Registered Agent	<u> </u>		7. Name and Add	Iress of New Registe	Fee Requ	ired	4
D0/014	A	-	Nan	ne			iod Agent		ᅥ
	CHARLES E III LTA DR.	· · · · · · · · · · · · · · · · · · ·	Stre	et Address (P	O-Box Number is:N	Not:Acceptable)		_	4
	NVILLE FL 32226		<u> </u>						
	THIRLY I COLLEG								İ
			City				FL Zip Co		٦
8. The abov	e named entity submits this statement fations of registered agent.	or the purpose of changing it	ts registered offic	e or registere	d agent, or both, in	the State of Florida. I	am familiar wit	h and accent	\dashv
l the obliga	alloris of registered agent.						and the same	ii, and accept	1
SIGNATURE									
,	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered Agent si	gnature required w	hen reinstating)	DA	JE.		
FILE NOW: FEE IS \$61.25		9. Election Ca Trust Fund	9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be	Make Ch	eck Payable	e to	-
<u></u>				·		rionua Dej	parunent of	State	1
TITLE	OFFICERS AND DI		11.	ΑE	DDITIONS/CHANGE	S TO OFFICERS AND	DIRECTORS I	N 10	\forall
NAME	DIXON, BARRY E	☐ Delete	TITLE	-			☐ Change	Addition	7
STREET ADDRESS	10411 ALTA DR.		NAME STREET ADDRES	10					
CITY-ST-ZIP	JACKSONVILLE FL 32226		CITY-ST-ZIP	~					!
TITLE	D	☐ Delete	TITLE	 		_	☐ Change	☐ Addition	- }
NAME	DIXON, OLIVER L		NAME				LJ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	10411 ALTA DR.		STREET ADDRES	s					
	JACKSONVILLE FL 32226		CITY-ST-ZIP						
TITLE NAME	DIXON, CHARLES E III	☐ Delete	TITLE				Change	Addition	7-
	-10411-ALTA-DR.		STREET ADDRES						
CITY-ST-ZIP	JACKSONVILLE FL 32226		CITY-ST-ZIP	'					
TITLE	P	☐ Delete	TITLE	 	<u> </u>	 _			4
NAME	DIXON, CHARLES E JR		NAME	l			Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	10411 ALTA DR.		STREET ADDRESS	5					
	JACKSONVILLE FL 32226	<u> </u>	CITY-ST-ZIP						
TITLE NAME		☐ Delete	. TITLE				Change	Addition	1
STREET ADDRESS			NAME STREET ADDRESS	.					
CITY-ST-ZIP			STREET ADDRESS	`					
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NAME		— Delete	NAME				Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS	.]					
CITY-ST-ZIP		_	CITY-ST-ZIP						
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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 expressions.

SIGNATURE:

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01/16/03 (904) 757-7500