I hereby 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 appear above, or on an attachment with all other like empowered.				
SIGNATURE ARTHUR MOORE	PRESIDENT	04/14/2020		

SIGNATURE: ARTHUR MOORE

Electronic Signature of Signing Officer/Director Detail

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	: BRADLEY POMP			04/14/2020
	Electronic Signature of Registered Agent			Date
Officer/Direc	tor Detail :			
Title	PRESIDENT, DIRECTOR	Title	VP, DIRECTOR	
Name	MOORE, ARTHUR	Name	POLKE, CHRISTOPHER	
Address	2180 WEST SR 434 STE 5000	Address	2180 WEST SR 434 STE 5000	
City-State-Zip:	LONGWOOD FL 32779	City-State-Zip:	LONGWOOD FL 32779	
Title	SECRETARY, DIRECTOR			
Name	HAYNIE, KESHIA			
Address	2180 WEST SR 434 STE 5000			
City-State-Zip:	LONGWOOD FL 32779			

Name and Address of Current Registered Agent:

2180 WEST SR 434 STE 5000

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06861 Entity Name: ACORN VILLAGE MANAGEMENT, INC.

Current Principal Place of Business:

LONGWOOD, FL 32779

Current Mailing Address:

2180 WEST SR 434 STE 5000 LONGWOOD, FL 32779 US

FEI Number: 59-2581821

SENTRY MANAGEMENT INC 2180 WEST SR 434 STE 5000 LONGWOOD, FL 32779 US

FILED Apr 14, 2020 Secretary of State 5213126879CC

Certificate of Status Desired: No

Date

PRESIDENT