


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90278 031 ****61.25

| | |
|---|---|
| DOCUMENT # 743878 |  |
| 1. Entity Name ACACIA HOUSE CONDOMINIUM ASSOCIATION, INC. | |

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| Principal Place of Business 1018 DEL HARBOUR DELRAY BEACH FL 33483 | Mailing Address 1018 DEL HARBOUR DELRAY BEACH FL 33483 |
|--|--|



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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

1st MOORE CR2E037 (10/05)

| | | |
|--|--|--|
| 4. FEI Number NO-T APPLICABLE | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent MALNERNEY, MARIE 1018 DEL HARBOUR DR. #1 DELRAY BEACH FL 33483 | | 7. Name and Address of New Registered Agent Name Marcia L. Elliott Street Address (P.O. Box Number is Not Acceptable) 1018 Del Harbor Drive #1 City Delray Beach FL Zip Code 33483 |

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 *Marcia L. Elliott* DATE **3-10-2006**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| | | |
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| FILE NOW: FEE IS \$61.25 Due By May 1, 2006 | 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 | P HOMONOFF, MARVIN 1018 DEL HARBOUR APT 3 DELRAY BCH. FL 33483 <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 | VP DICKENS, JERRY 1018 DEL HARBOUR APT 2 DELRAY BCH. FL 33483 <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 | ST MCINERNEY, MARIE 1018 DEL HARBOUR APT 1 DELRAY BCH. FL 33483 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" 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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| 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 |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 3/10/06 x 40-328-6870