



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 08:00 AM
Secretary of State

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

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

DO NOT WRITE IN THIS SPACE

	
01092007 No Chg-NP	CR2E037 (4/06)
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ELLIOT, MARCIA L 1018 DEL HARBOUR DR. #1 DELRAY BEACH, FL 33483

DO NOT WRITE IN THIS SPACE

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 _____ <small>Signature typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
---	--	------------

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOMONOFF, MARVIN 1018 DEL HARBOUR APT 3 DELRAY BCH., FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DICKENS, JERRY 1018 DEL HARBOUR APT 2 DELRAY BCH., FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ELLIOT, MARCIA L 1018 DEL HARBOUR APT 1 DELRAY BCH., FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U000000588546 01/17/07-80075-018 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p>
--

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:  PRESIDENT (MARVIN HOMONOFF) 1/10/07 401-521-3100
--