


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90097 014 \*\*\*150.00

UPR / USC

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F93000002550**  
 1. Corporation Name  
**ACADIA REALTY TRUST, INC.**



Principal Place of Business <b>600 THIRD AVENUE KINGSTON PA 18704</b>	Mailing Address <b>600 THIRD AVENUE KINGSTON PA 18704</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 Acadia Realty Trust</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 Acadia Realty Trust</b> Suite, Apt. #, etc.	3. Date Incorporated or Qualified <b>06/02/1993</b>
<b>22 20 Soundview Marketplace</b> City & State	<b>27 20 Soundview Marketplace</b> City & State	4. FEI Number <b>23-2715194</b>
<b>23 Port Washington, NY</b> Zip Country	<b>28 Port Washington, NY</b> Zip Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
<b>24 11050</b> <b>25 USA</b>	<b>29 11050</b> <b>30 USA</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
9. Name and Address of Current Registered Agent <b>NATIONAL CORPORATE RESEARCH LTD., INC. 1406 HAYES STREET SUITE 2 TALLAHASSEE FL 32301</b>		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>Chairman &amp; CEO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZOOK, DAVID S</b>	1.2 NAME	<b>Ross Dworman</b>
STREET ADDRESS	<b>600 THIRD AVENUE</b>	1.3 STREET ADDRESS	<b>805 Third Ave., 9th Floor</b>
CITY-ST-ZIP	<b>KINGSTON PA 18704</b>	1.4 CITY-ST-ZIP	<b>New York, NY 10022</b>
TITLE	<b>CFO</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KANE, JOHSUA</b>	2.2 NAME	<b>Kenneth F. Bernstein</b>
STREET ADDRESS	<b>600 THIRD AVENUE</b>	2.3 STREET ADDRESS	<b>805 Third Ave., 9th Floor</b>
CITY-ST-ZIP	<b>KINGSTON PA 18704</b>	2.4 CITY-ST-ZIP	<b>New York, NY 10022</b>
TITLE	<b>C</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>Sr Vice President &amp; Secretary</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARVIN, SLOWOWITZ</b>	3.2 NAME	<b>Robert Masters</b>
STREET ADDRESS	<b>313 SYLBERT DR</b>	3.3 STREET ADDRESS	<b>20 Soundview Marketplace</b>
CITY-ST-ZIP	<b>KINGSTON PA</b>	3.4 CITY-ST-ZIP	<b>Port Washington, NY 11050</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<b>Sr VP &amp; Treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	<b>Perry Kamerman</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>20 Soundview Marketplace</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>Port Washington, NY 11050</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<b>Assistant Treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	<b>Jon Grisham</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>20 Soundview Marketplace</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>Port Washington, NY 11050</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jon Grisham 1/5/99 (570) 288-4581  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**Jon Grisham, Assistant Treasurer**

CR2E034 (1/98)