FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -2 PM 2:13

DOCUMENT # H25994 (5)

1. Corporation Name
ACORN OAK CREST RESIDENTS, INC.

Principal Place of Business	Mailing Address
9925 ULMERTON RD #180 S153 LARGO FL 34641-1245 US	9925 ULMERTON RD #180 S153 LARGO FL 34641-1245 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/17/1984
3a. Date of Last Report: 03/22/1994

2. Principal Place of Business
21 9925 ULMERTON Rd, . . .
Suite, Apt. #, etc.: 22 #253
City & State: 23 LARGO, FLORIDA
Zip: 24 34641 Country: 25 US

2a. Mailing Address
26 9925 ULMERTON ROAD
Suite, Apt. #, etc.: 27 #253
City & State: 28 LARGO, FRLORIDA.
Zip: 29 34641 Country: 30 US

4. FEI Number: 59-2464778 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FORD, EDWIN I., P.A.
2307 WESTBAY DRIVE
LARGO FL 34640

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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	PPDD	1.1 TITLE	PPDD	☑ Change ☐ Addition
NAME	CRUMB, ALBERT	1.2 NAME	MARYDEE PALMER	
STREET ADDRESS	9925 ULMERTON RD 180	1.3 STREET ADDRESS	9925 ULMERTON RD, #153	
CITY-ST-ZIP	LARGO FL	1.4 CITY-ST-ZIP	LARGO, FL.	
TITLE	VD	2.1 TITLE	VD	☐ Change ☐ Addition
NAME	LENNEY, PAUL	2.2 NAME	WILLIAM CABELL	
STREET ADDRESS	435 16TH AVE SE 617	2.3 STREET ADDRESS	9925 ULMERTON RD, #460	
CITY-ST-ZIP	LARGO FL 34641	2.4 CITY-ST-ZIP	LARGO, FL.	
TITLE	SD	3.1 TITLE	VD	☑ Change ☐ Addition
NAME	GIUNTA, DORIS A.	3.2 NAME	DEREK AINSLEY	
STREET ADDRESS	9925 ULMERTON RD 253	3.3 STREET ADDRESS	9925 ULMERTON RD, #516	
CITY-ST-ZIP	LARGO FL 34641	3.4 CITY-ST-ZIP	LARGO, FL.	
TITLE	TD	4.1 TITLE	SD	☑ Change ☐ Addition
NAME	JOHNSON, KENNETH	4.2 NAME	MARYDEE PALMER	
STREET ADDRESS	9925 ULMERTON RD S223	4.3 STREET ADDRESS	9925 ULMERTON RD, #153	
CITY-ST-ZIP	LARGO FL	4.4 CITY-ST-ZIP	LARGO, FL.	
TITLE	VD	5.1 TITLE	TD	☐ Change ☐ Addition
NAME	CABELL, WILLIAM	5.2 NAME	KENNETH JOHNSON	
STREET ADDRESS	9925 ULMERTON RD S460	5.3 STREET ADDRESS	9925 ULMERTON RD, #223	
CITY-ST-ZIP	LARGO FL	5.4 CITY-ST-ZIP	LARGO, FL.	
TITLE	PD	6.1 TITLE	PD	☑ Change ☐ Addition
NAME	PALMER, MARYDEE	6.2 NAME	DORIS GIUNTA	
STREET ADDRESS	9925 ULMERTON RD S153	6.3 STREET ADDRESS	9925 ULMERTON RD, #253	
CITY-ST-ZIP	LARGO FL	6.4 CITY-ST-ZIP	LARGO, FL.	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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, added or deleted.

SIGNATURE: Kenneth J. Johnson Jan 30/95 (813) 581-3658
SIGNATURE AND NAME OF PRINTED OR TYPED NAME OF REPORTING OFFICER OR DIRECTOR — Date — Daytime Phone #
KENNETH J. JOHNSON

0480624 FP