FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **H25994** **(5)**

1. Corporation Name

ACORN OAK CREST RESIDENTS, INC.

Principal Place of Business	Mailing Address
9925 ULMERTON RD #253 LARGO FL 34641 US	9925 ULMERTON RD #253 LARGO FL 34641 US

3. Date Incorporated or Qualified: **10/17/1984**
3a. Date of Last Report: **02/02/1995**

	Principal Place of Business	Mailing Address
2. / 2a.	21 **7925 Ulmerton Rd.**	26 **9925 Ulmerton Rd.**
Suite, Apt. #, etc.	22 **#52**	27 **#52**
City & State	23 **Largo, FL.**	28 **Largo, FL.**
Zip / Country	24 **34641** / 25 **Pinellas**	29 **34641** / 30 **Pinellas**

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 ☐ DELETE	1.1 TITLE	President ☐ Change ☐ Addition
NAME	PALMER, MARYDEE	1.2 NAME	Charles Angles
STREET ADDRESS	9925 ULMERTON RD #153	1.3 STREET ADDRESS	9925 Ulmerton Rd. #217
CITY-ST-ZIP	LARGO FL	1.4 CITY-ST-ZIP	Largo, Fl. 34641
TITLE	VD ☐ DELETE	2.1 TITLE	Vice President ☐ Change ☐ Addition
NAME	LENNEY, PAUL	2.2 NAME	James Carter
STREET ADDRESS	435 16TH AVE SE 617	2.3 STREET ADDRESS	9925 Ulmerton Rd. #40
CITY-ST-ZIP	LARGO FL 34641	2.4 CITY-ST-ZIP	Largo, Fl. 34641
TITLE	PD ☐ DELETE	3.1 TITLE	Vice President ☐ Change ☐ Addition
NAME	GIUNTA, DORIS A.	3.2 NAME	William Bucher
STREET ADDRESS	9925 ULMERTON RD 253	3.3 STREET ADDRESS	9925 Ulmerton Rd. #532
CITY-ST-ZIP	LARGO FL	3.4 CITY-ST-ZIP	Largo, Fl. 34641
TITLE	TD ☐ DELETE	4.1 TITLE	Secretary ☐ Change ☐ Addition
NAME	JOHNSON, KENNETH	4.2 NAME	Murray Levis
STREET ADDRESS	9925 ULMERTON RD S223	4.3 STREET ADDRESS	9925 Ulmerton Rd. #513
CITY-ST-ZIP	LARGO FL	4.4 CITY-ST-ZIP	Largo, Fl. 34641
TITLE	VD ☐ DELETE	5.1 TITLE	Treasurer ☐ Change ☐ Addition
NAME	CABELL, WILLIAM	5.2 NAME	Thomas McDowell
STREET ADDRESS	9925 ULMERTON RD S460	5.3 STREET ADDRESS	9925 Ulmerton Rd. #52
CITY-ST-ZIP	LARGO FL	5.4 CITY-ST-ZIP	Largo, Fl. 34641
TITLE	PD ☐ DELETE	6.1 TITLE	Past President ☐ Change ☐ Addition
NAME	PALMER, MARYDEE	6.2 NAME	Doris A. 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. 34641

CR2E034 (12/95)

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)(k), 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.

SIGNATURE: Thomas McDowell 2/5/96 586-3806
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #