

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90007 036 ***150.00

DOCUMENT # H25994 1. Entity Name HOMEOWNERS OF ACORN/OAKCREST RESIDENTS, INC.					
Principal Place of Business 9925 ULMERTON ROAD 362 LARGO FL 33771-4227 US			Mailing Address 9925 ULMERTON ROAD 362 LARGO FL 33771-4227 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2464778 Applied For ☐ Not Applicable ☐	
6. Name and Address of Current Registered Agent FORD, EDWIN I., P.A. 2307 WESTBAY DRIVE LARGO FL 34640				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEONARD, JOHN 9925 ULMERTON RD 362 LARGO FL 33771-4227		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CLARKE, GEORGE 9925 ULMERTON ROAD # 236 LARGO FL 33771-4227		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☒ Addition ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MART, CHARLENE 435 16 AVE SE 616 LARGO FL 33771-4227		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☒ Addition ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HANSON, RONALD 9925 ULMERTON ROAD # 380 LARGO FL 33771-4227		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition ☐		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition ☐		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition ☐	
12. 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 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 607, 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: <i>John Leonard Pries</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			2-18-04 727-586-4097 Date Daytime Phone #		



MOORE CR2E034 (11/03)