## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

## H25994 DOCUMENT #

1. Entity Name

HOMEOWNERS OF ACORN/OAKCREST RESIDENTS, INC.



Mailing Address Principal Place of Business **444004661** 9925 ULMERTON ROAD 9925 ULMERTON ROAD 362 LARGO FL 33771-4227 LARGO FL 33771-4227 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 59-2464778 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired  $\Box$ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FORD, EDWIN I., P.A. Street Address (P.O. Box Number is Not Acceptable) 2307 WESTBAY DRIVE **LARGO FL 34640** Zip Code City 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. † am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change ■ Addition ☐ Delete TITLE LEONARD, JOHN NAME 9925 ULMERTON RD 362 STREET ADDRESS LARGO FL 33771-4227 CITY-ST-ZIP VD. ☐ Delete TITLE Change Addition CLARKE, GEORGE NAME 9925 ULMETTON ROAD # 236 STREET ADDRESS LARGO FL 33771-4227 CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete MART, CHARLENE # NAME 435 16 AVE SE 616 STREET ADDRESS LARGO FL 33771-4227 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE HANSON, RONALD NAME 9925 ULMETTON ROAD # 380 STREET ADDRESS LARGO FL 33771-4227 CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED Feb 04, 2003 8:00 am Secretary of State

02-04-2003 90121 024 \*\*\*150.00

10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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

SIGNATURE:



CR2E034 (10/02)