

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H25994

Entity Name: HOMEOWNERS OF ACORN/OAKCREST RESIDENTS, INC.**Current Principal Place of Business:**435 16TH AVE SE
#636
LARGO, FL 33771-4426**Current Mailing Address:**435 16TH AVE SE
#636
LARGO, FL 33771-4426 US**FEI Number:** 59-2464778**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PERRY, DANIEL ESQ.
4767 NEW BROAD STREET
#1007
ORLANDO, FL 32814 US*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.***SIGNATURE:** DANIEL PERRY

02/24/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	RICE, DIANE F
Address	435 16TH AVE SE #636
City-State-Zip:	LARGO FL 33771-4426

Title	TREASURER
Name	HUNTSINGER , KATHY
Address	9925 ULMERTON RD. 457
City-State-Zip:	LARGO FL 33771

Title	VP
Name	LEIGHTON, GLENNA
Address	9925 ULMERTON ROAD 241
City-State-Zip:	LARGO FL 33771

Title	SECRETARY
Name	STANCICK, STEPHEN
Address	9925 ULMERTON ROAD 205
City-State-Zip:	LARGO FL 33771

Title	DIRECTOR
Name	REGAN, HAZEL
Address	9925 ULMERTON ROAD 177
City-State-Zip:	LARGO FL 33771

Title	DIRECTOR
Name	ROCHFORD, KAREN
Address	9925 ULMERTON ROAD 268
City-State-Zip:	LARGO FL 33771

Title	DIRECTOR
Name	STONE, LAURIE
Address	9925 ULMERTON ROAD 196
City-State-Zip:	LARGO FL 33771

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DIANE F. RICE

PRES.

02/24/2019

Electronic Signature of Signing Officer/Director Detail

Date