

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H25994

Entity Name: HOMEOWNERS OF ACORN/OAKCREST RESIDENTS, INC.**Current Principal Place of Business:**435 16TH AVE SE
#648
LARGO, FL 33771-4426**Current Mailing Address:**435 16TH AVE SE
#648
LARGO, FL 33771-4426 US**FEI Number:** 59-2464778**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**FANIA, TONY
9925 ULMERTON RD.
#406
LARGO, FL 33771 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:** TONY FANIA

02/21/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name FANIA, TONY
Address 9925 ULMERTON RD.
 #406
City-State-Zip: LARGO FL 33771

Title VP
Name JUDKINS, RICK
Address 9925 ULMERTON ROAD
 #437
City-State-Zip: LARGO FL 33771

Title DIRECTOR
Name RUBIN, SANDRA
Address 9925 ULMERTON ROAD
 #513
City-State-Zip: LARGO FL 33771

Title DIRECTOR
Name WEISS, STEVE
Address 9925 ULMERTON ROAD
 #290
City-State-Zip: LARGO FL 33771

Title TREASURER
Name TOPE, DONNA L.
Address 435 16TH AVE. SE #648
City-State-Zip: LARGO FL 33771

Title SECRETARY
Name NAEGELE, JENNY L.
Address 9925 ULMERTON ROAD
 #33
City-State-Zip: LARGO FL 33771

Title DIRECTOR
Name RICE, DIANE
Address 435 16TH AVE SE
 #636
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: DONNA TOPE

TREASURER

02/21/2017

Electronic Signature of Signing Officer/Director Detail

Date