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Mar 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 761955 (4)
1. Corporation Name
OAK CREST/ACORN RESIDENTS' CLUB, INC.



Principal Place of Business Mailing Address
9925 ULMERTON RD. #253 LARGO FL 33771 US

3. Date Incorporated or Qualified 02/12/1982
3a. Date of Last Report 04/05/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

4. FEI Number 59-2288746 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
MCLANE, THEODORE F.
251 N CLEARWATER-LARGO ROAD
LARGO FL

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CABELL, WILLIAM	
STREET ADDRESS	#460	
CITY-ST-ZIP	LARGO FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KENNEL, MARY	
STREET ADDRESS	#207	
CITY-ST-ZIP	LARGO FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WOOD, GAIL	
STREET ADDRESS	9925 ULMERTON ROAD #204	
CITY-ST-ZIP	LARGO FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	FERGUSON, MARY ANN	
STREET ADDRESS	#180	
CITY-ST-ZIP	LARGO FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	O'GRADY, MARY	
STREET ADDRESS	#580	
CITY-ST-ZIP	LARGO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DORIS A. GIUNTA	
1.3 STREET ADDRESS	9925 ULMERTON RD #253	
1.4 CITY-ST-ZIP	LARGO, FL. 33771	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ROBERT L. HOFFMAN	
3.3 STREET ADDRESS	9925 ULMERTON RD #309	
3.4 CITY-ST-ZIP	LARGO, FL. 33771	
4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Fran L. MacLean	
4.3 STREET ADDRESS	9925 ULMERTON RD #176	
4.4 CITY-ST-ZIP	LARGO FL 33771	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: MARY P. O'GRADY DATE: _____ DAYTIME PHONE # 585-9526

CR2E037 (9/96)