FILE NOW: FILING FEE IS \$61.25 -

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 761955 1. Corporation Name					
OAK CREST/ACORN RESIDENTS' CLUB, INC.				100100	
Principal Place 9925 ULMERTO #253 LARGO FL 337 US	N RD.	Mailing Address 9925 ULMERTON RD #253 LARGO FL 34541 US			
2. Principal P	lace of Business	2a. Mailing Address		3. Date Incorporated or Qualifed	
21		26		02/12/1982	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		4. FEI Number 59-2288746 ~-	Applied For
22		City & State		3972200740	\$8.75 Additional
City & Stat	e	— ´		5. Certifcate of Status Desired	Fee Required
23 Zip	Country	28 Zip	Country	6. Election Campaign Financing	\$5.00 May Be
24	25	29 30	¬ '	Trust Fund Contribution	Added to Fees
24	9. Name and Address of Currer		, T	10. Name and Address of New Registered	Agent
		<u> </u>	81 Nam	e	
MOLANE THEODORE E			82 Stree	et Address (P.O. Box Number is Not Acceptable)	
MCLANE, THEODORE F.			62 Stree	et Address (F.O. box Number is Not Acceptable)	1
251 N CLEARWATER-LARGO ROAD LARGO FL			83		
LANGU FL	•		24 05		85 Zip Code
			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	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: Re	egistered Agent signatur	re required when reinstating) DATE	
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	PD	DELETE	1.1 TITLE	SENNET BUCHER	Change
NAME	GIUNTA, DORIS		1.2 NAME		
STREET ADDRESS	9925 ULMERTON RD. #253		1.3 STREET ADDRES	1	32
CITY-ST-ZIP	LARGO FL		1.4 CITY-ST-ZIP	EARG O OFE	El Ottorio
TITLE	VD	X DELETE	2.1 TITLE	VD	Change
NAME	JENNET BUCHER		2.2 NAME	LESTER KIM	
STREET ADDRESS	" TOL		2.3 STREET ADDRES	1 2222 0212212011 112 11 41	9
CITY-ST-ZIP	LARGO FL		2.4 CITY-ST-ZIP	LARGO FI.	□ Addition
TITLE	VD	DELETE	3.1 TITLE	VD	Change Addition
NAME	EDITH BLAIRE		3.2 NAME	JOAN FASY	2
STREET ADDRESS	I		3.3 STREET ADDRES	Jyey dimention to	J
CITY-ST-ZIP	LARGO FL	□ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	I.ARGO FI.	Change Addition
TITLE	S	X	4.2 NAME	S	- A
NAME STREET ADDRESS	IRENE RHEIN		4.3 STREET ADDRES	RUTH SCULY	
STREET ADDRESS	" ···		4.4 CITY-ST-ZIP	9925 OFWERTON KD , ,	
CITY-ST-ZIP TITLE	LARGO FL	☐ DELETE	5.1 TITLE	I.ARGO PI.	☐ Change ☐ Addition
NAME	FRAN MACLEAN	_	5.2 NAME	T	
STREET ADDRESS			5.3 STREET ADDRES	FRAN MACLEAN	_
CITY-ST-ZIP	LARGO FL		5.4 CITY-ST-ZIP	9925 ULMERTON RD # 176)
TITLE	LOUND IL	☐ DELETE	6.1 TITLE	Largo fl	☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRES	ss	

14. 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 annual report of 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 porporation 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 chapted, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

FILED Mar 04, 1999 8:00 am § Secretary of State

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