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Secretary of State

03-01-1999 90097 014 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000002550
 1. Corporation Name
ACADIA REALTY TRUST, INC.



Principal Place of Business 600 THIRD AVENUE KINGSTON PA 18704	Mailing Address 600 THIRD AVENUE KINGSTON PA 18704
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Acadia Realty Trust Suite, Apt. #, etc.	2a. Mailing Address 26 Acadia Realty Trust Suite, Apt. #, etc.	3. Date Incorporated or Qualified 06/02/1993	4. FEI Number 23-2715194	Applied For <input type="checkbox"/> Not Applicable
22 20 Soundview Marketplace City & State	27 20 Soundview Marketplace City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
23 Port Washington, NY Zip Country	28 Port Washington, NY Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
24 11050 25 USA	29 11050 30 USA	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH LTD., INC.
1406 HAYES STREET
SUITE 2
TALLAHASSEE FL 32301

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	ZOOK, DAVID S
STREET ADDRESS	600 THIRD AVENUE
CITY-ST-ZIP	KINGSTON PA 18704
TITLE	CFO <input checked="" type="checkbox"/> DELETE
NAME	KANE, JOHSUA
STREET ADDRESS	600 THIRD AVENUE
CITY-ST-ZIP	KINGSTON PA 18704
TITLE	C <input type="checkbox"/> DELETE
NAME	MARVIN, SLOWOWITZ
STREET ADDRESS	313 SYLBERT DR
CITY-ST-ZIP	KINGSTON PA
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Chairman & CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ross Dworman
1.3 STREET ADDRESS	805 Third Ave., 9th Floor
1.4 CITY-ST-ZIP	New York, NY 10022
2.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Kenneth F. Bernstein
2.3 STREET ADDRESS	805 Third Ave., 9th Floor
2.4 CITY-ST-ZIP	New York, NY 10022
3.1 TITLE	Sr Vice President & Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Robert Masters
3.3 STREET ADDRESS	20 Soundview Marketplace
3.4 CITY-ST-ZIP	Port Washington, NY 11050
4.1 TITLE	Sr VP & Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Perry Kamerman
4.3 STREET ADDRESS	20 Soundview Marketplace
4.4 CITY-ST-ZIP	Port Washington, NY 11050
5.1 TITLE	Assistant Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Jon Grisham
5.3 STREET ADDRESS	20 Soundview Marketplace
5.4 CITY-ST-ZIP	Port Washington, NY 11050
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jon Grisham* 1/5/99 (570) 288-4581
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Jon Grisham, Assistant Treasurer

CR2E034 (1/98)