

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000005279

**FILED**  
**Apr 24, 2007**  
**Secretary of State**

**Entity Name:** HICKORY CREEK OF TITUSVILLE HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

106 JULIA STREET  
TITUSVILLE, FL 32796 US

**New Principal Place of Business:**

**Current Mailing Address:**

106 JULIA STREET  
TITUSVILLE, FL 32796 US

**New Mailing Address:**

**FEI Number:** 30-0131877      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ARNOFF, WILLIAM  
106 JULIA STREET  
TITUSVILLE, FL 32796 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: ARNOFF, WILLIAM  
Address: 106 JULIA STREET  
City-St-Zip: TITUSVILLE, FL 32796 US

Title: DVT ( ) Delete  
Name: RHOADES, JENNIFER W  
Address: 4224 PADDINGTON STREET  
City-St-Zip: COCOA, FL 32926 US

Title: DVS ( ) Delete  
Name: RHOADES, LARRY F  
Address: 4225 PADDINGTON STREET  
City-St-Zip: COCOA, FL 32926 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM ARNOFF

DP

04/24/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date