2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005590

FILED Apr 25, 2006 Secretary of State

Entity Name: HIDDEN OAKS OF TITUSVILLE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
106 JULIA TITUSVILI	AST LE, FL 32796	US		
Current N	/lailing Addres	s:	New Mailing Addres	ss:
106 JULIA TITUSVILI	A ST LE, FL 32796	US		
FEI Number	r: 37-1478452	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
106 JULIÁ	WILLIAM A ST LE, FL 32796	US		
	e named entity s e of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,
	e of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,
in the Stat	e of Florida.	submits this statement for the particles in the particles of Signature of Registered Agreement for the particles of the parti		ed office or registered agent, or both, Date
in the Stat SIGNATU	e of Florida.	ic Signature of Registered Ag	ent	
in the Stat SIGNATU	e of Florida. RE: Electron S AND DIREC	ic Signature of Registered Ago TORS: Delete IAM	ent	Date
in the Stat SIGNATU OFFICER Title: Name: Address:	e of Florida. RE: Electron S AND DIREC DP () ARNOFF, WILL 106 JULIA ST TITUSVILLE, FL	ic Signature of Registered Agr TORS: Delete IAM . 32796 Delete RRY F TON ST	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

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 04/25/2006