NOT-FOR-[redacted]

FILED
[redacted]
Secretary of Stat

Entity Name

HIDDEN OAKS OF TITUSVILLE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
106 JULIA ST TITUSVILLE FL 32796 US	106 JULIA ST TITUSVILLE FL 32796 US

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
106 Julia St.	106 Julia St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Titusville, FL	City & State: Titusville, FL
Zip: 32796 Country:	Zip: 32796 Country:

4. FEI Number: 37-1478452 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ARNOFF, WILLIAM 106 JULIA ST TITUSVILLE FL 32796	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS $61.25 **Due By May 1, 2007**	9. *Election Campaign Financing* Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ARNOFF, WILLIAM 106 JULIA ST TITUSVILLE FL 32796 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U00000673354 03/29/07-80024-023 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT RHOADES, LARRY F 4225 PADDINGTON ST COCOA FL 32926 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS RHOADES, JENNIFER 4225 PADDINGTON ST COCOA FL 32926 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William Arnoff 03/16/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #