

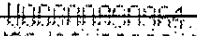
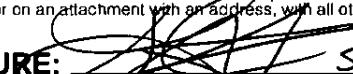


**FILED**  
**Apr 10, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N48552</b> 1. Entity Name <b>SECLUDED OAKS HOMEOWNER'S ASSOCIATION, INC.</b>			
Principal Place of Business <b>5223 SECLUDED OAKS DR ORLANDO, FL 32812</b>		Mailing Address <b>5223 SECLUDED OAKS DR ORLANDO, FL 32812</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		04072008 No Chg-NP CR2E037 (4/06)	
<b>DO NOT WRITE IN THIS SPACE</b>		4. FEI Number <b>59-3130570</b>	
		Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>GRATZ, SHAWN 5223 SECLUDED OAKS DR ORLANDO, FL 32812</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
<b>DO NOT WRITE IN THIS SPACE</b>			
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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		 04/23/08-80006-014 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<b>DO NOT WRITE IN THIS SPACE</b>	
PD MADDEN, JOHN 5215 SECLUDED OAKS DRIVE ORLANDO, FL 32812			
SD HOEZTKE, HEATHER 5240 SECLUDED OAKS DR ORLANDO, FL 32812			
TD GRATZ, SHAWN 5223 SECLUDED OAKS DR ORLANDO, FL 32812			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  <b>SHAWN GRATZ, TD</b>		4-07-08 407-277-5128	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	