

FILED
May 30, 2006 8:00 am
Secretary of State

DOCUMENT # P05000024134			
1. Entity Name HIDDEN OAKS DEVELOPMENT OF MELBOURNE INC			
Principal Place of Business 3600 NORTH HARBOR CITY BLVD. MELBOURNE, FL 32935		Mailing Address 3600 NORTH HARBOR CITY BLVD. MELBOURNE, FL 32935	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
B. Name and Address of Current Registered Agent			
FEKANY, PATRICK 3600 NORTH HARBOR CITY BLVD MELBOURNE, FL 32935			Name
			Street Address
			City
8. The above named entity submits this statement for the purpose of changing its registered office or registering the obligations of registered agent.			
SIGNATURE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5 Ad	
10. OFFICERS AND DIRECTORS			
TITLE	P	<input type="checkbox"/> Delete	TITLE
NAME	FEKANY, PATRICK		NAME
STREET ADDRESS	3600 NORTH HARBOR CITY BLVD		STREET ADDRESS
CITY-ST-ZIP	MELBOURNE, FL 32935		CITY-ST-ZIP
TITLE	V	<input type="checkbox"/> Delete	TITLE
NAME	O'BRIEN, JEFFREY		NAME
STREET ADDRESS	2095 HIGHWAY A1A		STREET ADDRESS
CITY-ST-ZIP	INDIAN HARBOUR BEACH, FL 32935		CITY-ST-ZIP
TITLE	X	<input checked="" type="checkbox"/> Delete	TITLE
NAME	X		NAME
STREET ADDRESS	X		STREET ADDRESS
CITY-ST-ZIP	X		CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained indicated on this report or supplemental report is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 60 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			