


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

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90190 015 \*\*\*\*61.25

<b>DOCUMENT # N01000005712</b>			
1. Entity Name GREAT OAKS UNIT 2 HOMEOWNER'S ASSOCIATION, INC.			
Principal Place of Business 721 RIDGEWOOD AVE #12-A HOLLY HILL, FL 32117 US		Mailing Address 721 RIDGEWOOD AVE #12-A HOLLY HILL, FL 32117 US	
2. Principal Place of Business - No P.O. Box # 1034 Ridgewood Ave		3. Mailing Address 1034 Ridgewood Ave	
Suite, Apt. #, etc. Ste 4		Suite, Apt. #, etc. Ste 4	
City & State Holly Hill FL		City & State Holly Hill FL	
Zip 32117		Country USA	
6. Name and Address of Current Registered Agent WAIKENS, VIRGINIA TYLER PROPERTY MGMT. 721 RIDGEWOOD AVE #12-A HOLLY HILL, FL 32117		7. Name and Address of New Registered Agent Name: Virginia Waikens Street Address (P.O. Box Number is Not Acceptable): 1034 Ridgewood Ave Suite 4 City: Holly Hill FL Zip Code: 32117	
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: <u>Virginia Waikens</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	
TITILE	T WAVE, WILLIAM <input type="checkbox"/> Delete	TITILE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAVE, WILLIAM	NAME	
STREET ADDRESS	1017 GRAND HICKORY CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	HOLLY HILL, FL 32117	CITY-ST-ZIP	
TITILE	VP <input type="checkbox"/> Delete	TITILE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAELS, LOUISE	NAME	
STREET ADDRESS	1016 GRAND HICKORY CIR	STREET ADDRESS	
CITY-ST-ZIP	HOLLY HILL, FL 32117	CITY-ST-ZIP	
TITILE	P <input type="checkbox"/> Delete	TITILE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK-FARKAS, PAULA	NAME	
STREET ADDRESS	1020 GRAND HICKORY CR.	STREET ADDRESS	
CITY-ST-ZIP	HOLLY HILL, FL 32117	CITY-ST-ZIP	
TITILE	S <input checked="" type="checkbox"/> Delete	TITILE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, SARAH	NAME	S Davis Unger
STREET ADDRESS	1021 GRAND HICKORY CR	STREET ADDRESS	1031 Grand Hickory Circle
CITY-ST-ZIP	HOLLY HILL, FL 32117	CITY-ST-ZIP	Holly Hill, FL 32117
TITILE	<input type="checkbox"/> Delete	TITILE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITILE	<input type="checkbox"/> Delete	TITILE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: <u>Paula C. Cook-Farkas</u>		Date: <u>4-23-07</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	