

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90026 047 ****61.25

DOCUMENT # N01000005712

1. Entity Name
GREAT OAKS UNIT 2 HOMEOWNER'S ASSOCIATION,
INC.



Principal Place of Business
1034 RIDGEWOOD AVE
STE 4
HOLLY HILL, FL 32117 US

Mailing Address
1034 RIDGEWOOD AVE
STE 4
HOLLY HILL, FL 32117 US

2. Principal Place of Business - No P.O. Box #
1301 BEVINE ROAD
Suite, Apt. #, etc.
STE 21

3. Mailing Address
1301 BEVINE ROAD
Suite, Apt. #, etc.
STE 21



01242008 Chg-NP CR2E037 (12/06)

City & State
DAYTONA BEACH, FL
Zip
32119 Country
USA

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DAYTONA BEACH, FL
Zip
32119 Country
USA

4. FEI Number
03-0463022
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WAIKENS, VIRGINIA
1034 RIDGEWOOD AVE
STE 1
HOLLY HILL, FL 32117

7. Name and Address of New Registered Agent

Name
MARY LYNN HASTINGS
Street Address (P.O. Box Number Is Not Acceptable)
1301 BEVINE ROAD
STE 21
City
DAYTONA BEACH FL Zip Code
32119

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 Mary Lynn Hastings Mary Lynn Hastings - owner
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, 2008

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

TITLE	T	<input type="checkbox"/> Delete
NAME	WAVE, WILLIAM	
STREET ADDRESS	1017 GRAND HICKORY CIRCLE	
CITY-ST-ZIP	HOLLY HILL, FL 32117	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MICHAELS, LOUISE	
STREET ADDRESS	1016 GRAND HICKORY CIR	
CITY-ST-ZIP	HOLLY HILL, FL 32117	
TITLE	P	<input type="checkbox"/> Delete
NAME	COOK-FARKAS, PAULA	
STREET ADDRESS	1020 GRAND HICKORY CR.	
CITY-ST-ZIP	HOLLY HILL, FL 32117	
TITLE	S	<input type="checkbox"/> Delete
NAME	UNGER, DORIS	
STREET ADDRESS	1031 GRAND HICKORY CIRCLE	
CITY-ST-ZIP	HOLLY HILL, FL 32117	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-08 386-788-4338

Date Daytime Phone #