2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005712

FILED Feb 13, 2009 Secretary of State

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

New Principal Place of Business:

1301 BEVILLE ROAD MARY LYNN REALTY

STE 21 1301 BEVILLE ROAD, STE 21 DAYTONA BEACH, FL 32119 US DAYTONA BEACH, FL 32119 US

Current Mailing Address: New Mailing Address:

1301 BEVILLE ROAD MARY LYNN REALTY

STE 21 1301 BEVILLE ROAD, STE 21 DAYTONA BEACH, FL 32119 US DAYTONA BEACH, FL 32119 US

FEI Number: 03-0463022 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HASTINGS, MARY L

1301 BEVILLE ROAD

1301 BEVILLE ROAD

TE 24

STE 21 STE 21
DAYTONA BEACH, FL 32119 US DAYTONA BEACH, FL 32119 US

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.

SIGNATURE: MARY LYNN HASTINGS 02/13/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: T () Delete Title: T (X) Change () Addition

Name: WAVE, WILLIAM Name: SEWELL, ELIZABETH

Address: 1017 GRAND HICKORY CIRCLE Address: 1035 GRAND HICKORY CIRCLE

City-St-Zip: HOLLY HILL, FL 32117 City-St-Zip: HOLLY HILL, FL 32117

Title: VP () Delete Title: () Change () Addition

 Name:
 MICHAELS, LOUISE
 Name:

 Address:
 1016 GRAND HICKORY CIR
 Address:

 City-St-Zip:
 HOLLY HILL, FL 32117
 City-St-Zip:

Title: P () Delete Title: () Change () Addition

 Name:
 COOK-FARKAS, PAULA
 Name:

 Address:
 1020 GRAND HICKORY CR.
 Address:

 City-St-Zip:
 HOLLY HILL, FL 32117
 City-St-Zip:

Title: S () Delete Title: () Change () Addition

 Name:
 UNGER, DORIS
 Name:

 Address:
 1031 GRAND HICKORY CIRCLE
 Address:

 City-St-Zip:
 HOLLY HILL, FL 32117
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIZABETH SEWELL T 02/13/2009