


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

FILED
Jan 12, 2007 08:00 A
Secretary of State

DOCUMENT # N93000001005 1. Entity Name GREAT OAKS HOMEOWNER'S ASSOCIATION, INC.	
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Principal Place of Business 1025 GREAT OAKS DR HOLLY HILL, FL 32117 US	Mailing Address 1025 GREAT OAKS DR HOLLY HILL, FL 32117 US
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DO NOT WRITE IN THIS SPACE



01072007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3171786	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DOHERTY, HELEN
1025 GREAT OAKS DR
HOLLY HILL, FL 32117

**DO NOT WRITE
IN THIS SPACE**

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 _____ (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. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DOHERTY, HELEN 1025 GREAT OAKS DR HOLLY HILL, FL 32117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WILLIAMS, CHARLES 1032 GREAT OAKS DR HOLLY HILL, FL 32117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT KOENIG, JOAN 1023 GREAT OAKS DR HOLLY HILL, FL 32117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BROWN, RODERICK 1030 GREAT OAKS DRIVE HOLLY HILL, FL 32117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS TOOMER, DORIS 1001 GREAT OAKS DR HOLLY HILL, FL 32117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CLIFTON, MARY 1003 GREAT OAKS DR HOLLY HILL, FL 32117

01/16/07-80014-009 61.25

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IN THIS SPACE**

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: Helen Doherty 1/7/07 386-238-0551

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #