

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 22 PM 3:44

DOCUMENT # **N50809** (5)  
1. Corporation Name  
**GREENRIDGE UNIT TWO HOMEOWNERS' ASSOCIATION, INC**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**9000 REGENCY SQUARE BLVD.  
SUITE 201  
JACKSONVILLE FL 32211  
US** **P. O. BOX 1408  
FERNANDINA BCH. FL 32035-1408  
US**

3. Date Incorporated or Qualified **09/14/1992** 3a. Date of Last Report **03/22/1994**  
4. FEI Number **59-3168180** Applied For   
Not Applicable   
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **2215 E. State Road 200** 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27  
**Yulee Florida** 28  
Zip Country Zip Country  
24 **32097** 25 **US** 29 30

9. Name and Address of Current Registered Agent  
**POWELL, TERRELL J.  
1890 S. 14TH ST.  
SUITE 105  
FERNANDINA BCH. FL 32034**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**2215 E. State Road 200**  
83  
84 City **Yulee** 85 **FL** Zip Code **32097**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>MONTGOMERY, MITCHELL R.</b>
STREET ADDRESS	<b>9000 REGENCY SQ. BLVD.</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>VD</b>
NAME	<b>LAPORTE, KENNETH J.</b>
STREET ADDRESS	<b>9000 REGENCY SQ. BLVD.</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>STD</b>
NAME	<b>HITE, PATSY A.</b>
STREET ADDRESS	<b>9000 REGENCY SQ. BLVD.</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Patsy A. Hite - Patsy A. Hite 3-14-95 904-225-9070  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #