

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N50809 (5)

1. Corporation Name

GREENRIDGE UNIT TWO HOMEOWNERS' ASSOCIATION, INC



Principal Place of Business

Mailing Address

2215 E STATE ROAD 200
YULEE FL 32097
US

P.O. BOX 1409
FERNANDINA BCH FL 32035-1409
US

3. Date Incorporated or Qualified

09/14/1992

3a. Date of Last Report

03/22/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 P O Box 1487

22 City & State 27 Suite, Apt. #, etc.

23 Zip 28 Yulee FL

24 Country 29 32097-1987 30 Country

4. FEI Number

59-3166180

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POWELL, TERRELL J.
2215 E STATE ROAD 200
YULEE FL 32097

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MONTGOMERY, MITCHELL R.
STREET ADDRESS 9000 REGENCY SQ. BLVD.
CITY-ST-ZIP JACKSONVILLE FL

DELETE

1.1 TITLE PD
1.2 NAME DAVID HOLTON
1.3 STREET ADDRESS 1772 GREENRIDGE CRE
1.4 CITY-ST-ZIP JACKSONVILLE FL 32259

Change Addition

TITLE VD
NAME LAPOINTE, KENNETH J.
STREET ADDRESS 9000 REGENCY SQ. BLVD.
CITY-ST-ZIP JACKSONVILLE FL

DELETE

2.1 TITLE VD
2.2 NAME GREG GAROFALO
2.3 STREET ADDRESS 1744 HEATHERWOOD DR
2.4 CITY-ST-ZIP JACKSONVILLE FL 32259

Change Addition

TITLE STD
NAME HITE, PATSY A.
STREET ADDRESS 9000 REGENCY SQ. BLVD.
CITY-ST-ZIP JACKSONVILLE FL

DELETE

3.1 TITLE TD
3.2 NAME CHARLES NOVAK
3.3 STREET ADDRESS 1776 GREENRIDGE CRE
3.4 CITY-ST-ZIP JACKSONVILLE FL 32259

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID HOLTON - PRESIDENT

David J. Holton

6/18/96

7315900

Date

Daytime Phone #

0000804

CR2E037 (3/96)