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Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

2215 E STATE ROAD 200
YULEE FL 32097
US

Mailing Address

P.O. BOX 1987
YULEE FL 32041-1987
US

3. Date Incorporated or Qualified
09/14/1992

3a. Date of Last Report
06/27/1996

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

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 11: 12

TITLE PD
NAME HOULTON, DAVID
STREET ADDRESS 1772 GREENRIDGE CE E
CITY-ST-ZIP JACKSONVILLE FL

1.1 TITLE VPD
1.2 NAME DAVID HOLTON
1.3 STREET ADDRESS 1772 GREENRIDGE CIRCLE E
1.4 CITY-ST-ZIP JACKSONVILLE FL 32259

TITLE VD
NAME GAROFALO, GREG
STREET ADDRESS 1744 HEATHERWOOD DR
CITY-ST-ZIP JACKSONVILLE FL

2.1 TITLE PD
2.2 NAME JOHN LUALLIN
2.3 STREET ADDRESS 1800 FAIRFAX CT S
2.4 CITY-ST-ZIP JACKSONVILLE FL 32259

TITLE TD
NAME NOVAK, CHARLES
STREET ADDRESS 1776 GREENRIDGE CR E
CITY-ST-ZIP JACKSONVILLE FL

3.1 TITLE SD
3.2 NAME PATRICIA M CORREA
3.3 STREET ADDRESS 1705 MONICLAIR COVE CT
3.4 CITY-ST-ZIP JACKSONVILLE FL 32259

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE TD
4.2 NAME JIM COSSEY
4.3 STREET ADDRESS 1761 HEATHERWOOD DR
4.4 CITY-ST-ZIP JACKSONVILLE FL 32259

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE D
5.2 NAME HOMER BAIR
5.3 STREET ADDRESS 1765 HEATHERWOOD DR
5.4 CITY-ST-ZIP JACKSONVILLE FL 32259

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: David Holton Vice-President

4/1/97

CR25037 (9/96)

CF 4/9/97