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Feb 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32097-1987 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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9. Name and Address of Current Registered Agent POWELL, TERRELL J. 2215 E STATE ROAD 200 YULEE FL 32097	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HOULTON, DAVID 1772 GREENRIDGE CE E JACKSONVILLE FL 32259
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LUALIN, JOHN 1800 FAIRFAX CT. SOUTH JACKSONVILLE FL 32259
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CORREA, PATRICIA M 1705 MONTCLAIR COVE CT JACKSONVILLE FL 32259
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COSSEY, JIM 1781 HEATHERWOOD DR JACKSONVILLE FL 32259
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAIR, HOMER 1785 HEATHERWOOD DR JACKSONVILLE FL 32259
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Roy House 1713 Montclair Cove Ct Jacksonville FL 32259

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	TD DAVID HULTON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	VD Charles Novak 1776 Greenridge C E Jax FL 32259 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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 _____ DATE 1-30-98

CP2E037 (10/97)