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NONPROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N50809

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 1987
YULEE FL 32097-1987
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

09/14/1992
4. FEI Number
59-3166180

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

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 IN 12

TITLE TD
NAME HOLTON, DAVID
STREET ADDRESS 1772 GREENRIDGE CE E
CITY-ST-ZIP JACKSONVILLE FL 32259 DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP Change Addition

TITLE SD
NAME LUALIN, JOHN
STREET ADDRESS 1800 FAIRFAX CT. SOUTH
CITY-ST-ZIP JACKSONVILLE FL 32259 DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP Change Addition

TITLE D
NAME CORREA, PATRICIA M
STREET ADDRESS 1705 MONTCLAIR COVE CT
CITY-ST-ZIP JACKSONVILLE FL 32259 DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP Change Addition

TITLE PD
NAME HOUSE, ROY
STREET ADDRESS 1713 MONTCLAIR COVE CT
CITY-ST-ZIP JACKSONVILLE FL 32259 DELETE

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

TITLE D
NAME BAIR, HOMER
STREET ADDRESS 1765 HEATHERWOOD DR
CITY-ST-ZIP JACKSONVILLE FL 32259 DELETE

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

TITLE VD
NAME NOVAK, CHARLES
STREET ADDRESS 1776 GREENRIDGE CIR E.
CITY-ST-ZIP JACKSONVILLE FL 32259 DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP Change 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 in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Roy House 3.17.99 207-3935

CR2E037 (11/98)