## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N50809

FILED Apr 25, 2006 Secretary of State

Entity Name: GREENRIDGE UNIT TWO HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 463499 STATE ROAD 200 YULEE, FL 32097 US **Current Mailing Address: New Mailing Address:** P.O. BOX 1987 YULEE, FL 320971987 US FEI Number: 59-3166180 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: POWELL, TERRELL J. PROPERTY MANAGEMENT SYSTEMS INC. 463499 STATE ROAD 200 463499 STATE ROAD 200 YULEE, FL 32097 US YULEE, FL 32097 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: TERRELL J POWELL 04/25/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete CHARTRAND, PAULA Name: Name: 1808 FAIRFAX CT SOUTH Address: Address: City-St-Zip: JACKSONVILLE, FL 32259 City-St-Zip: Title: TD Title: () Delete () Change () Addition DORAN, RICK Name: Name: Address: 1801 MANCHESTER CT Address: City-St-Zip: JACKSONVILLE, FL 32259 City-St-Zip: Title: () Delete Title: VPD (X) Change ( ) Addition LOCKHART, BRUCE LOCKHART, BRUCE Name: Name: 1508 SHAKER COVE CT 1508 SHAKER COVE CT Address: Address: City-St-Zip: JACKSONVILLE, FL 32259 City-St-Zip: JACKSONVILLE, FL 32259 Title: ( ) Delete Title: () Change () Addition Name: SHAFER, RICK Name: Address: 1204 MANCHESTER CT Address: City-St-Zip: JACKSONVILLE, FL 32259 City-St-Zip: Title: ARBC () Delete Title: SD (X) Change ( ) Addition CALVERT, CLIFF Name: Name: DOLAN, LINDA 1836 FAIRFAX CT. 1708 MANCHESTER COURT N Address: Address: City-St-Zip: JACKSONVILLE, FL 32259 City-St-Zip: JACKSONVILLE, FL 32259 Title: () Delete Title: ( ) Change (X) Addition SHANER, GARY Name: Name: Address: Address: 1752 GREENRIDGE CIRCLE S JACKSONVILLE, FL 32259 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAULA CHARTRAND P 04/25/2006