

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50809

FILED
Apr 07, 2008
Secretary of State

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

Current Principal Place of Business:

463499 STATE ROAD 200
YULEE, FL 32097 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1987
YULEE, FL 320971987 US

New Mailing Address:

FEI Number: 59-3166180

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PROPERTY MANAGEMENT SYSTEMS INC.
463499 STATE ROAD 200
YULEE, FL 32097 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: REAGOR, KRISTI
Address: 1776 HEATHERWOOD DR
City-St-Zip: JACKSONVILLE, FL 32259

Title: TD () Delete
Name: DORAN, RICK
Address: 1801 MANCHESTER CT
City-St-Zip: JACKSONVILLE, FL 32259

Title: VPD () Delete
Name: HOLTON, MERRY
Address: 1772 GREENRIDGE CIR E
City-St-Zip: JACKSONVILLE, FL 32259

Title: D () Delete
Name: SHANER, GARY
Address: 1752 GREENRIDGE CIRCLE S
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: LOCKHART, BRUCE
Address: 1508 SHAKER COVE CT.
City-St-Zip: JACKSONVILLE, FL 32259

I hereby certify that the information supplied with this filing does not qualify 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: TERRELL J POWELL

RA

04/07/2008

Electronic Signature of Signing Officer or Director

Date