

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N50809

**FILED**  
**Apr 20, 2010**  
**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 32041 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  
Name: ROLKE, DAVID  
Address: P O BOX 1987  
City-St-Zip: YULEE, FL 32041 US

Title: VPD  
Name: SHANER, GARY K  
Address: P O BOX 1987  
City-St-Zip: YULEE, FL 32041 US

Title: SD  
Name: STURGIS, DIANNE  
Address: P O BOX 1987  
City-St-Zip: YULEE, FL 32041 US

Title: TD  
Name: DORAN, RICK  
Address: P O BOX 1987  
City-St-Zip: YULEE, FL 32041 US

Title: D  
Name: ALFORD, ODESSA  
Address: P O BOX 1987  
City-St-Zip: YULEE, FL 32041 US

Title: D  
Name: DOLAN, LINDA  
Address: P O BOX 1987  
City-St-Zip: YULEE, FL 32041 US

I hereby 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 all other like empowered.

SIGNATURE: TERRELL J POWELL

RA

04/20/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date