

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N50809

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

**Current Principal Place of Business:**

463499 STATE ROAD 200  
YULEE, FL 32097

**Current Mailing Address:**

P O BOX 1987  
YULEE, FL 32041 US

**FEI Number: 59-3166180**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

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

*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

**Officer/Director Detail :**

Title PD  
Name CUPICCIOTTI, SCOTT  
Address P O BOX 1987  
City-State-Zip: YULEE FL 32041

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

Title D  
Name POWERS, JOHN  
Address P O BOX 1987  
City-State-Zip: YULEE FL 32041

Title TREASURER  
Name COLEMAN, THOMAS  
Address PO BOX 1987  
City-State-Zip: YULEE FL 32041

Title CHAIRMAN  
Name JENKINS, GREGORY  
Address P O BOX 1987  
City-State-Zip: YULEE FL 32041

Title SECRETARY  
Name ROLKE, DAVID  
Address P O BOX 1987  
City-State-Zip: YULEE FL 32041

*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: SCOTT CUPICCIOTTI**

**PRESIDENT**

**03/07/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date