

**2023 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

*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****02/14/2023**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date