

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 22, 2005
Secretary of State**

DOCUMENT# N49029

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

Current Principal Place of Business:

New Principal Place of Business:

463499 SR 200
YULEE, FL 32097 US

Current Mailing Address:

New Mailing Address:

PO BOX 1987
YULEE, FL 320411987 US

FEI Number: 59-3164605 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
463499 SR 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

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RICE, BERNARD
Address: 1715 HEATHERWOOD DR
City-St-Zip: JACKSONVILLE, FL 32259

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

Title: VPD () Delete
Name: AMBROSE, GARY V
Address: 1537 GREENRIDGE CR, W
City-St-Zip: JACKSONVILLE, FL 32259

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

Title: STD () Delete
Name: EASTERLING, DEBORAH D
Address: 1703 GREENRIDGE CIRCLE S
City-St-Zip: JACKSONVILLE, FL 32259

Title: SD (X) Change () Addition
Name: WOOD, COLLEEN
Address: 1540 ANSLEY PLACE
City-St-Zip: JACKSONVILLE, FL 32259

Title: D () Delete
Name: HOBBS, JEWELENE
Address: 1545 GREENRIDGE CIRCLE W
City-St-Zip: JACKSONVILLE, FL 32259

Title: TD (X) Change () Addition
Name: HOBBS, JEWELENE
Address: 1545 GREENRIDGE CIRCLE W
City-St-Zip: JACKSONVILLE, FL 32259

Title: D () Delete
Name: SNELLEN, JAMES
Address: 1544 MAYFIELD RD
City-St-Zip: JACKSONVILLE, FL 32259

Title: D (X) Change () Addition
Name: SIMON, JOHN
Address: 1712 GREENRIDGE CIRCLE S
City-St-Zip: JACKSONVILLE, FL 32259

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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

04/22/2005

Electronic Signature of Signing Officer or Director

Date