

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49029

FILED  
Apr 07, 2008  
Secretary of State

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

**Current Principal Place of Business:**

463499 SR 200  
YULEE, FL 32097 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1987  
YULEE, FL 320411987 US

**New Mailing Address:**

**FEI Number:** 59-3164605      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

PROPERTY MANAGEMENT SYSTEMS, INC.  
463499 SR 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: RICE, BERNARD  
Address: 1715 HEATHERWOOD DR  
City-St-Zip: JACKSONVILLE, FL 32259

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

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

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

Title: D (X) Delete  
Name: SIMON, JOHN  
Address: 1712 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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

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