FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS
95 APR 14 AM 9:14

DOCUMENT # N01546 (3)

1. Corporation Name

VILLAGES OF SAN JOSE OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1 SAN JOSE PLACE SUITE 7 JACKSONVILLE FL 32257	1 SAN JOSE PLACE SUITE 7 JACKSONVILLE FL 32257

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/20/1984
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2473109 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
REDDING MANAGEMENT 1 SAN JOSE PLACE SUITE 7 JACKSONVILLE FL 32257	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~SD~~	1.1 TITLE	Vice President	☐ Change ☑ Addition
NAME	~~NIX, JUNE~~	1.2 NAME	Ken Peery	
STREET ADDRESS	~~4010 MIZNER CIR., S.~~	1.3 STREET ADDRESS	3417 Fountain Cir.	
CITY-ST-ZIP	~~JACKSONVILLE FL~~	1.4 CITY-ST-ZIP	Jacksonville, Fl	
TITLE	DO	2.1 TITLE	Director	☐ Change ☐ Addition
NAME	LANGLEY, BETTY J	2.2 NAME	Steve Weintraub	
STREET ADDRESS	4183 PALOMA PT. CT.	2.3 STREET ADDRESS	8466 Hapsburg Way	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Jax, FL 32217	
TITLE	~~P~~ President	3.1 TITLE	Secretary	☐ Change ☐ Addition
NAME	PULDY, STEPHEN	3.2 NAME	Estelle Brust	
STREET ADDRESS	3809 LAVISTA CIR., #214	3.3 STREET ADDRESS	4069 Mizner Cir S.	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	Jax, FL 32217	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	ROONEY, MARY J	4.2 NAME		
STREET ADDRESS	4020 LA VISTA CIR., #210	4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP		
TITLE	TD	5.1 TITLE		☐ Change ☐ Addition
NAME	JANES, VERNON	5.2 NAME		
STREET ADDRESS	4075 CORRIENTES CT., S.	5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kenneth C Peery V. Pres. 3/17/95 (904) 393-2772
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001764