## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name N01546

(3)

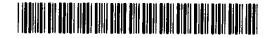
VILLAGES OF SAN JOSE OWNERS ASSOCIATION, INC.

1 SAN JOSE PLACE SUITE 7 JACKSONVILLE FL 32257

Principal Place of Business

Mailing Address

1 SAN JOSE PLACE SUITE 7 JACKSONVILLE FL 32257



Principal Place of Business     2a. Mailing Address					3. Date Incorporated or Qualified 02/20/1984 3a. Date of Last Report 04/14/1995		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number 59-2473109		Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				- ec	3.75 Additional
22		27			5. Certificate of Status Desired		Fee Required
City & Stat	e	City & State			6. Election Campaign Financing		5.00 May Be
23		28			Trust Fund Contribution		Added to Fees
Zıp	Country	Zip	Country	'	8. This corporation has liability for in		
24	. 25	29	30		· ·	l Yes □ No	0. 0. 100.002,
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Re	gistered Ageni	t
			81	Name			
REDDING MANAGEMENT				Street Add	ress (P.O. Box Number is Not Acceptable	3	
1 SAN JOSE PLACE SUITE 7			82	JURGU AGG	ress (F.O. BOX Number is Not Acceptable	1	
	ONVILLE FL 32257		83	· · · · · · · · · · · · · · · · · · ·			
			<u> </u>				
			84	City		FL 85	Zip Code
11. Pursuant	to the provisions of Sections 617,0502	and 617.1508, Florida Statutes.	the above-r	named coroo	ration submits this statement for the purp	ooo of observes	its registered office
familiar wi	red agent, or both, in the State of Florid ith, and accept the obligations of, Section	a isucu change was authorized i	by the corp	oration's boa	ration submits this statement for the purplind of directors. I hereby accept the appoin	itment as regist	ered agent. I am
SIGNATURE ,	Signature, typed or printed name of registered agent a	and title if applicable. (NO*+ F	Registered Ager	it signature reciliro	od when reinstafii gh	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC		CIORS IN 12
TIFLE	VP .	DELETE	11 TITLE			[☐ Cha	
NAME	PERRY, KEN		1.2 NAME				
STREET ADDRESS	8417 FRONTERA CIRCLE		1.3 STHEET	ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL		1.4 Orly-S				
TITLE	D	□ DELETE	2 1 TITLE			Chai	nge 🔲 Addition
NAME	WEINTRAUB, STEVE		2 2 NAME				igo 🗀 Addition
STREET ADDRESS	8466 PAPELON WAY		2 3 STREET	*DDDCCC			
CITY-SI-ZIP	JACKSONVILLE FL		ŧ				
TITLE	S	DELETE	2 4 CITY - S 3.1 TITLE	51-211		- Cho	nos 🗖 fdelicos
NAME	Brust, estelle	Dettere	3.1 TITLE			Char	nge 🔲 Addition
STREET ADDRESS	4069 MIZNER CIRCLE S.			4000000			
	JACKSONVILLE FL		3 3 STREET	i			
CITY-ST-ZIP TITLE	D D	DELETE	3.4. CITY - 5 4.1 TUTLE	51 - ZIP			and Dadwer
NAME	ROONEY, MARY J	Derreit				Char	nge 🔲 Addition
STREET ADDRESS	4020 LA VISTA CIR., #210		4. 2 NAME				
	JACKSONVILLE FL		4.3 STREET	i			
CITY-ST-ZIP TITLE	TD	DELETE	4.4 CITY - S	T - ZIP			
NAME	` <del>.</del>	∏ ncrcit	5.1 TITLE			Char	nge
	JANES, VERNON		5 2 NAME				
STREET ADDRESS	4075 CORRIENTES CT., S.		5 3 STREET	ADDRESS			
CiTY-ST-ZiP	JACKSONVILLE FL	Posters	5.4 CITY - S	T-ZIP		<u>-</u>	
THTLE		DELETE	6.1 TITLE			☐ Char	nge 🔲 Addition
NAME			62 NAME				
STREET ADDRESS			63 STREET	ADDRESS			
CITY - ST - ZIP			64 CHY-S	T-ZIP			
14 I do bereb	v certify that the information supplied w	ith this filing is valuntarily furnished	d and dags	not avalle t	or the promotion stated in Casting 440.03	HOVEN FILE CITE OF	

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)(k), 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 chapsed, or on an attachment with an address.

CNATURE:

W. R. JANES

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR