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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01546

1. Corporation Name

VILLAGES OF SAN JOSE OWNERS ASSOCIATION, INC.

Principal Place of Business

C/O FOUR SEASONS MGMT
10036 SANGRASS DR #3
PONTE VEDRA BCH FL 32082
US

First Coast
mgmt

Mailing Address

C/O FOUR SEASONS MGMT
PO BOX 1159
PONTE VEDRA BCH FL 32004
US

First Coast
mgmt.



2. Principal Place of Business

21 3000-4 HARTLEY RD

2a. Mailing Address

26 445 STATE RD. 13 N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

Suite 26-225

City & State

23 JACKSONVILLE FL

City & State

28 Fruit Cove, FL

Zip

Country

24 32257

25

USA

Zip

Country

29 32259

30

USA

9. Name and Address of Current Registered Agent

MUNCH, DONALD J
C/O FOUR SEASONS MGMT
10036 SAWGRASS DR #3
PONTE VEDRA BCH FL 32082

10. Name and Address of New Registered Agent

81 Name KATHY HOCKLE C/O First Coast mgmt.
82 Street Address (P.O. Box Number is Not Acceptable) 445 STATE RD 13 N.
83 Suite 26-225
84 City Fruit Cove FL 85 Zip Code 32259

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Kathy Hockle, First Coast mgmt Co.

3/10/97

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	PULDY, STEPHEN	
STREET ADDRESS	3809 LA VISTA CIR, #214	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VD	☐ DELETE
NAME	WEINTRAUB, STEVE	
STREET ADDRESS	8466 PAPELON WAY	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	☐ DELETE
NAME	SARAGA, LEONARD	
STREET ADDRESS	3820 LAVISTA CIRCLE H116	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	TD	☐ DELETE
NAME	MONTGOMERY, YANCY	
STREET ADDRESS	836 BARQUERO COURT N	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VP	☐ DELETE
NAME	MARS, MARY	
STREET ADDRESS	4020 LA VISTA CIRCLE H212	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	D	☐ DELETE
NAME	COYLE, JACK	
STREET ADDRESS	4175 PALOMA POINT COURT	
CITY-ST-ZIP	JACKSONVILLE FL 32217	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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 with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904/292-1100

CR2E037 (11/98)