

# UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90050 004 \*\*\*\*61.25

DOCUMENT # **N01546**

1. Entity Name  
**Villages of SAN JOSE Owners ASSN, Inc**

Principal Place of Business  
**FIRST Coast Management Co**  
**3617 CROWN Pt. Rd #8**  
**JAX, FL 32257**

Mailing Address  
**First Coast Management Co.**  
**445 State Road 13, N.**  
**Suite 26-225**  
**Fruit Cove, FL 32259-3838**

2. Principal Place of Business  
**3617 CROWN PT. RD #8**  
 Suite, Apt. #, etc.

3. Mailing Address  
**445 STATE Rd 13 N**  
 Suite, Apt. #, etc.  
**Suite 26-225**  
 City & State  
**Fruit Cove, FL**

DO NOT WRITE IN THIS SPACE

City & State  
**JAX FL**  
 Zip  
**32257**

Country  
**USA**

Zip  
**32257**

Country  
**USA**

4. FEI Number  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**KATHY HOCKE**  
**C/O FIRST COAST MGMT**  
**3617 CROWN PT RD #8**  
**JACKSONVILLE FL 32257**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. 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  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE <b>PD</b>	<input type="checkbox"/> Delete
NAME <b>MONTGOMERY, YANCEY</b>	
STREET ADDRESS <b>8340 BARQUERO CT</b>	
CITY-ST-ZIP <b>JACKSONVILLE FL 32217</b>	
TITLE <b>VP/D</b>	<input type="checkbox"/> Delete
NAME <b>MARTS, MARY</b>	
STREET ADDRESS <b>4020 LAVISTA CIR. #212</b>	
CITY-ST-ZIP <b>JACKSONVILLE, FL 32217</b>	
TITLE <b>S/D</b>	<input type="checkbox"/> Delete
NAME <b>JONES, WALTER</b>	
STREET ADDRESS <b>4138 MIZNER CIR. S.</b>	
CITY-ST-ZIP <b>JACKSONVILLE FL 32217</b>	
TITLE <b>T/D</b>	<input type="checkbox"/> Delete
NAME <b>SARAGA, LEONARDO</b>	
STREET ADDRESS <b>3620 LAVISTA CIR. # 116</b>	
CITY-ST-ZIP <b>JACKSONVILLE, FL 32217</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 report or supplemental 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Walter Jones** **WALTER JONES** **4/10/00** **292-1100**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)