2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State
04-16-2004 90030 031 ****61.25

DOCUMENT # N01546

1. Entity Name

VILLAGES OF SAN JOSE OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3617 CROWN POINT RD #X-4-8 JACKSONVILLE FL 32257 US	445 STATE RD 1300 STE 26-225 JACKSONVILLE FL 32257 US

MOORE CR2E037 (11/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2473109 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HOCKLE, KATHY
C/O FIRST COAST MANAGEMENT
3617 CROWN RD STE 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS $61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD JONES, WALTER 4138 MIZNER COURT E JACKSONVILLE FL 32217	☒ Delete	PD RAY LAKE 4008 La Vista Circle JACKSONVILLE, FL 32217	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOLDSTEIN, BEVERLY 3820 LAVISTA CIRCLE H116 JACKSONVILLE FL 32217	☐ Delete	SIT-Dir. Brust, Estelle 4069 Mizner Ct. S. Jacksonville, FL 32217	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MONTGOMERY, YANCY 836 BARQUERO COURT N JACKSONVILLE FL	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MARS, MARY 4020 LA VISTA CIRCLE H212 JACKSONVILLE FL 32217	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COYLE, JACK 4175 PALOMA POINT COURT JACKSONVILLE FL 32217	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X Estelle Brust 4/7/04 733-1647
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #