

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 AM 9:14

DOCUMENT # NO1546 (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

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
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 100.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**REDDING MANAGEMENT
1 SAN JOSE PLACE SUITE 7
JACKSONVILLE FL 32257**

10. Name and Address of New Registered Agent
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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title (Florida Statute) (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	NDX JUNE
NAME	NDX JUNE
STREET ADDRESS	4010 MIZNER CIR., S.
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	DO
NAME	LANGLEY, BETTY J
STREET ADDRESS	4183 PALOMA PT. CT.
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	President
NAME	PULDY, STEPHEN
STREET ADDRESS	3909 LAVISTA CIR., #214
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	D
NAME	ROONEY, MARY J
STREET ADDRESS	4020 LA VISTA CIR., #210
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	TD
NAME	JANES, VERNON
STREET ADDRESS	4075 CORRENTES CT., S.
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VICE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Ken Perry	
1.3 STREET ADDRESS	3477 FANTAN CIR.	
1.4 CITY - ST - ZIP	JACKSONVILLE, FL	
2.1 TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Steve Weintraub	
2.3 STREET ADDRESS	8466 PALOM WAY	
2.4 CITY - ST - ZIP	JAX, FL 32217	
3.1 TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Estelle Brust	
3.3 STREET ADDRESS	4049 MIZNER CRES.	
3.4 CITY - ST - ZIP	JAX, FL 32217	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 110.07(3)(b), 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 017, 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 Perry, Jr. Date: 3/17/95 (904) 3932772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR