

FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthe
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01546 (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
1 SAN JOSE PLACE SUITE 7 JACKSONVILLE FL 32257-7582

3. Date Incorporated or Qualified 02/20/1984
3a. Date of Last Report 04/12/1996

21. Principal Place of Business % FOUR SEASONS MGMT Suite, Apt. #, etc.	26. Mailing Address % FOUR SEASONS MGMT Suite, Apt. #, etc.	4. FEI Number 59-2473109	Applied For Not Applicable
22. City & State 10036 SAWGRASS DR #3 Ponte Vedra Bch FL	27. City & State P.O. BOX 1159 Ponte Vedra Bch FL	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip 32082	28. Zip 32004	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country USA	29. Country USA	30. Country USA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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 DONALD J. MUNCH
82 Street Address (P.O. Box Number is Not Acceptable)
% FOUR SEASONS MGMT
83 10036 SAWGRASS DR. #3
84 City PONTE VEDRA BCH FL 85 Zip Code 32082

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 Donald Munch DATE 4/11/97

12. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	PERRY, KEN	
STREET ADDRESS	8417 FRONTERA CIRCLE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WEINTRAUB, STEVE	
STREET ADDRESS	8466 PAPELON WAY	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BRUST, ESTELLE	
STREET ADDRESS	4089 MIZNER CIRCLE S.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROONEY, MARY J	
STREET ADDRESS	4020 LA VISTA CIR., #210	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	JANES, VERNON	
STREET ADDRESS	4075 CORRIENTES CT., S.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Stephen Puddy	
1.3 STREET ADDRESS	3809 La Vista Cr. #214	
1.4 CITY-ST-ZIP	Jacksonville, FL 32217	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Steve Weintraub	
2.3 STREET ADDRESS	8466 Papeleon Way	
2.4 CITY-ST-ZIP	Jacksonville, FL 32217	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Vandy Montgomery	
3.3 STREET ADDRESS	8340 Barguer Court N	
3.4 CITY-ST-ZIP	Jacksonville, 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 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.

SIGNATURE: Stephen Puddy DATE: 4/2/97

CR2E037 (9/96)