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Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N01546 (3)
 1. Corporation Name
VILLAGES OF SAN JOSE OWNERS ASSOCIATION, INC.



Principal Place of Business		Mailing Address	
C/O FOUR SEASONS MGMT 10036 SANGRASS DR #3 PONTE VEDRA BCH FL 32082 US		C/O FOUR SEASONS MGMT PO BOX 1159 PONTE VEDRA BCH FL 32004 US	
2. Principal Place of Business	2a. Mailing Address	21	28
Suite, Apt. #, etc.	Suite, Apt. #, etc.	22	27
City & State	City & State	23	28
Zip	Country	24	30
		25	29

3. Date Incorporated or Qualified	02/20/1984
4. FEI Number	59-2473109
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

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

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PULDY, STEPHEN	
STREET ADDRESS	3809 LA VISTA CIR, #214	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WEINTRAUB, STEVE	
STREET ADDRESS	8466 PAPELON WAY	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BRUST, ESTELLE	
STREET ADDRESS	4069 MIZNER CIRCLE S.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MONTGOMERY, YANCY	
STREET ADDRESS	836 BARQUERO COURT N	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D Leonard Garcia	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	3820 LA VISTA CIRCLE #116	
1.3 STREET ADDRESS	Jax, FL. 32217	
1.4 CITY-ST-ZIP		
2.1 TITLE	MP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Marymarie	
2.3 STREET ADDRESS	4020 LA VISTA CIRCLE H 212	
2.4 CITY-ST-ZIP	Jax, FL. 32217	
3.1 TITLE	D ARB	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Jack Coyle	
3.3 STREET ADDRESS	4175 Paloma Point Court	
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 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 Pully*

CF2E037 (10/97)