

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

City & State
Fruit Cove, FL
 Zip
32259
 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)
 _____ DATE _____

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 PD	<input type="checkbox"/> Delete
NAME Montgomery, Yancey	
STREET ADDRESS 8340 Barquero Ct	
CITY-ST-ZIP JACKSONVILLE FL 32217	
TITLE VP/D	<input type="checkbox"/> Delete
NAME MARTS, MARY	
STREET ADDRESS 4020 LAVISTA CIR. #212	
CITY-ST-ZIP JACKSONVILLE, FL 32217	
TITLE S/D	<input type="checkbox"/> Delete
NAME JONES, WALTER	
STREET ADDRESS 4138 MIZNER CIR. S.	
CITY-ST-ZIP JACKSONVILLE FL 32217	
TITLE T/D	<input type="checkbox"/> Delete
NAME SARAGA, LEONARDO	
STREET ADDRESS 3620 LAVISTA CIR. # 116	
CITY-ST-ZIP JACKSONVILLE, FL 32217	
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)