


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90121 033 ****61.25

DOCUMENT # N01546 1. Entity Name VILLAGES OF SAN JOSE OWNERS ASSOCIATION, INC.			
Principal Place of Business 3617 CROWN POINT RD # 8 JACKSONVILLE, FL 32257 US		Mailing Address 3617 CROWN PT RD SUITE 8 JACKSONVILLE, FL 32257 US	
2. Principal Place of Business Suite, Apt. #, etc c/o Awakenings Assoc. Mgmt., Inc 4213 County Road 218 City & State Suite 1 Zip Middleburg, Florida 32068		3. Mailing Address Country	
4. FEI Number 59-2473109		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 Delcomen, VINA Street Address (P.O. Box Number is Not Acceptable) 4213 County Rd 218 Suite 1 City Middleburg FL 32068	
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 <i>Vina Delcomen</i> Signature, typed or printed name of registered agent and title if applicable.		<i>VINA Delcomen</i> (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD LAKE, RAY 4008 LA VISTA CIR. JACKSONVILLE, FL 32217	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDSTEIN, BEVERLY 3820 LAVISTA CIRCLE H116 JACKSONVILLE, FL 32217	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRUST, ESTELLE 4069 MIZNER CT. SOUTH JACKSONVILLE, FL 32217	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARS, MARY 4020 LA VISTA CIRCLE H212 JACKSONVILLE, FL 32217	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COYLE, JACK 4175 PALOMA POINT COURT JACKSONVILLE, FL 32217	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 or other like empowered.			
SIGNATURE: <i>Estelle Brust</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4/6/06 Daytime Phone # 904-733-1647	