

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01546

FILED  
Apr 10, 2008  
Secretary of State

**Entity Name:** VILLAGES OF SAN JOSE OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O AWAKENINGS ASSOC. MGMT, INC.  
4213 COUNTY RD 218 SUITE 1  
MIDDLEBURG, FL 32068 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O AWAKENINGS ASSOC. MGMT, INC.  
4213 COUNTY RD 218 SUITE 1  
MIDDLEBURG, FL 32068 US

**New Mailing Address:**

**FEI Number:** 59-2473109

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DELCOMYN, VINA  
4213 COUNTY RD 218  
SUITE 1  
MIDDLEBURG, FL 32068 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DENIS, PLUMB  
Address: 8463 MIZNER CIRCLE EAST  
City-St-Zip: JACKSONVILLE, FL 32217

Title: S ( ) Delete  
Name: ELDRETH, MARY ANNE  
Address: 4120 PRIMA VISTA  
City-St-Zip: JACKSONVILLE, FL 32217

Title: T ( ) Delete  
Name: BRUST, ESTELLE  
Address: 4069 MIZNER CT. SOUTH  
City-St-Zip: JACKSONVILLE, FL 32217

Title: VP ( ) Delete  
Name: RENFRO, MARK  
Address: 4159 PALOMA POINT COURT  
City-St-Zip: JACKSONVILLE, FL 32217

Title: D ( ) Delete  
Name: HAYFLICK, ROBERT  
Address: 3819 LA VISTA CIRCLE  
City-St-Zip: JACKSONVILLE, FL 32217

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: FERNANDEZ, JOAN  
Address: 8458 PAPELON WAY  
City-St-Zip: JACKSONVILLE, FL 32217

Title: T (X) Change ( ) Addition  
Name: PERRY, LINDA  
Address: 8417 FRONTERA CIRCLE  
City-St-Zip: JACKSONVILLE, FL 32217

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENIS PLUMB

PD

04/10/2008

Electronic Signature of Signing Officer or Director

Date