

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