2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

DOCUMENT# N01546

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

Current Principal Place of Business:

4300 S. PLAZA GATE LN
JACKSONVILLE, FL 32217 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 600099
JACKSONVILLE, FL 32260

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:

BUCKEYE ASSOCIATION MANAGEMENT, LLC
4300 S. PLAZA GATE LN
JACKSONVILLE, FL 32217 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: VPD
Name: DENIS, PLUMB
Address: P.O. BOX 600099
City-St-Zip: JACKSONVILLE, FL 32260

Title: S
Name: FERNANDEZ, JOAN
Address: P.O. BOX 600099
City-St-Zip: JACKSONVILLE, FL 32260

Title: T
Name: PERRY, LINDA
Address: P.O. BOX 600099
City-St-Zip: JACKSONVILLE, FL 32260

Title: PD
Name: ROSENBLUM, FRANK
Address: P.O. BOX 600099
City-St-Zip: JACKSONVILLE, FL 32260

Title: D
Name: PERRY, KEN
Address: P.O. BOX 600099
City-St-Zip: JACKSONVILLE, FL 32260

Title: D
Name: PULDY, STEPHEN
Address: P.O. BOX 600099
City-St-Zip: JACKSONVILLE, FL 32260

I hereby 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 all other like empowered.

SIGNATURE: ELTON CONANT MGR 01/09/2011

Electronic Signature of Signing Officer or Director Date