2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2022
Secretary of State
4001428447CC

DOCUMENT# N01546

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

Current Principal Place of Business:

3858 SAN JOSE PARK DRIVE
JACKSONVILLE, FL 32217

Current Mailing Address:

P.O. BOX 57098
JACKSONVILLE, FL 32241 US

FEI Number: 59-2473109

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GREENE, PRISCILLA
3858 SAN JOSE PARK DRIVE
JACKSONVILLE, FL 32217 US

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: PRISCILLA GREENE 04/24/2022

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	D, PRESIDENT
Name	PLUMB, DOROTHY DENIS
Address	P.O. BOX 57098
City-State-Zip:	JACKSONVILLE FL 32241

Title	D
Name	PULDY, STEPHEN
Address	P.O. BOX 57098
City-State-Zip:	JACKSONVILLE FL 32241

Title	D
Name	MOSES, PATRICK
Address	P.O. BOX 57098
City-State-Zip:	JACKSONVILLE FL 32241

Title	D
Name	MICHAEL, JOHN
Address	P.O. BOX 57098
City-State-Zip:	JACKSONVILLE FL 32241

Title	D
Name	HELOW, PHILIP
Address	P.O. BOX 57098
City-State-Zip:	JACKSONVILLE FL 32241

Title	D
Name	CURRIE, MICHAEL
Address	P.O. BOX 57098
City-State-Zip:	JACKSONVILLE FL 32241

Title	T
Name	MARTS, MARY
Address	P.O. BOX 57098
City-State-Zip:	JACKSONVILLE FL 32241

Title	VPD
Name	CHUMLEY, MARCIA KATHERINE
Address	P.O. BOX 57098
City-State-Zip:	JACKSONVILLE FL 32241

Continues on page 2

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: PRISCILLA B GREENE MGR., / AGENT 04/24/2022

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	SECRETARY
Name	MONTEIRO-TRIBBLE, VELMA
Address	P.O. BOX 57098
City-State-Zip:	JACKSONVILLE FL 32241

Title	D
Name	MCCLANAHAN, MARSHA
Address	P.O. BOX 57098
City-State-Zip:	JACKSONVILLE FL 32241

Title	D
Name	BLACK, JIM
Address	P.O. BOX 57098
City-State-Zip:	JACKSONVILLE FL 32241

Title	OTHER, REGISTERED AGENT
Name	GREENE, PRISCILLA
Address	P.O. BOX 57098
City-State-Zip:	JACKSONVILLE FL 32241

Title	D
Name	SARAGA, LEONARD
Address	P.O. BOX 57098
City-State-Zip:	JACKSONVILLE FL 32241

Title	DIRECTOR
Name	PERRY, LES
Address	P.O. BOX 57098
City-State-Zip:	JACKSONVILLE FL 32241