

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01546

**FILED**  
**Jan 25, 2016**  
**Secretary of State**  
**CC1164198279**

**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:**

BUCKEYE ASSOCIATION MANAGEMENT, LLC  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

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

Title S  
Name FERNANDEZ, JOAN  
Address P.O. BOX 57098  
City-State-Zip: JACKSONVILLE FL 32241

Title PD  
Name ROSENBLUM, FRANK  
Address P.O. BOX 57098  
City-State-Zip: JACKSONVILLE FL 32241

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

Title D  
Name D'ANDREA, CHRISTY  
Address P.O. BOX 57098  
City-State-Zip: JACKSONVILLE FL 32241

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

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*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 GREENE**

**REGISTERED AGENT**

**01/25/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

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

Title D  
Name KALOYEROPOULOS, PAUL  
Address PO BOX 57098  
City-State-Zip: JACKSONVILLE FL 32241

Title D  
Name CHUMLEY, KATHIE  
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