

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**

**Apr 16, 2019**

**Secretary of State  
5133619325CC**

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:**

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

Title S  
Name TILIS, BETSY  
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 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 VPD  
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

Title D  
Name MICHAEL, JOHN  
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**

**MANAGER**

**04/16/2019**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

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

Title D  
Name MONTEIRO-TRIBBLE, VELMA  
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