

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01546

FILED
Jan 18, 2017
Secretary of State
CC5143969660

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 TILIS, BETSY
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

RA/CAM

01/18/2017

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