

2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

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 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 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 ASD
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 GREENE

CAM, AGENT

05/18/2017

_____ 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 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