

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01546

**Entity Name:** VILLAGES OF SAN JOSE OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**4300 S. PLAZA GATE LN  
JACKSONVILLE, FL 32217**Current Mailing Address:**P.O. BOX 600099  
JACKSONVILLE, FL 32260**FEI Number:** 59-2473109**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BUCKEYE ASSOCIATION MANAGEMENT, LLC  
4300 S. PLAZA GATE LN  
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 600099
City-State-Zip:	JACKSONVILLE FL 32260

Title	T
Name	PERRY, LINDA
Address	P.O. BOX 600099
City-State-Zip:	JACKSONVILLE FL 32260

Title	D
Name	PERRY, KEN
Address	P.O. BOX 600099
City-State-Zip:	JACKSONVILLE FL 32260

Title	DIRECTOR
Name	CURRIE, MIKE
Address	P.O. BOX 600099
City-State-Zip:	JACKSONVILLE FL 32260

Title	S
Name	FERNANDEZ, JOAN
Address	P.O. BOX 600099
City-State-Zip:	JACKSONVILLE FL 32260

Title	PD
Name	ROSENBLUM, FRANK
Address	P.O. BOX 600099
City-State-Zip:	JACKSONVILLE FL 32260

Title	D
Name	PULDY, STEPHEN
Address	P.O. BOX 600099
City-State-Zip:	JACKSONVILLE FL 32260

Title	DIRECTOR
Name	DREWES, MARTIN
Address	P. O. BOX 600099
City-State-Zip:	JACKSONVILLE FL 32260

**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:** ELTON CONANT**REGISTERED AGENT****02/03/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name MARTS, MARY  
Address P.O. BOX 600099  
City-State-Zip: JACKSONVILLE FL 32260

Title DIRECTOR  
Name HEDRICK, DAN  
Address P.O. BOX 600099  
City-State-Zip: JACKSONVILLE FL 32260

Title OTHER, REGISTERED AGENT  
Name CONANT, ELTON  
Address P.O. BOX 600099  
City-State-Zip: JACKSONVILLE FL 32260

Title DIRECTOR  
Name MICHAEL, JOHN  
Address P.O. BOX 600099  
City-State-Zip: JACKSONVILLE FL 32260

Title DIRECTOR  
Name LORBEER, CHARLES  
Address P.O. BOX 600099  
City-State-Zip: JACKSONVILLE FL 32260