

2014 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 S
Name FERNANDEZ, JOAN
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 PD
Name ROSENBLUM, FRANK
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 D
Name PULDY, STEPHEN
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 DIRECTOR
Name DREWES, MARTIN
Address P. O. BOX 600099
City-State-Zip: JACKSONVILLE FL 32260

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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: ELTON CONANT

REGISTERED AGENT

01/10/2014

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