

**2018 FLORIDA NOT FOR PROFIT CORPORATION 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	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 GREENE**ASSN. MANAGER****04/19/2018**\_\_\_\_\_  
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 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