2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2015
Secretary of State
CC9638543728

DOCUMENT# N01546

Entity Name: VILLAGES OF SAN JOSE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4300 PLAZA GATE LANE S.
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
4300 PLAZA GATE LANE S.
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	PD
Name	ROSENBLUM, FRANK
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	STEINFELD, DAVID
Address	P.O. BOX 57098
City-State-Zip:	JACKSONVILLE FL 32241

Title	S
Name	FERNANDEZ, JOAN
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	CURRIE, MICHEAL
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 MANAGER 01/04/2015

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	STANBERRY, GEORGE
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