



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90059 026 \*\*\*\*61.25

<b>DOCUMENT # N01543</b> 1. Entity Name <b>VILLAGES OF SAN JOSE MANOR HOMES OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>8641 BAYPINE RD STE 1 JACKSONVILLE, FL 32256 US</b>			Mailing Address <b>8641 BAYPINE RD STE 1 JACKSONVILLE, FL 32256 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip                      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip                      Country			
01262007    Chg-NP    CR2E037 (12/06)				4. FEI Number <b>59-2472998</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>PROPERTY SERVICES INC 8641 BAYPINE RD STE 1 JACKSONVILLE, FL 32256</b>			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>HOUSE, MARIANNE</b> <b>8312 BARQUERO COURT NORTH</b> <b>JACKSONVILLE, FL 32217</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T/S</b> <b>House, Marianne</b> <b>8312 Barquero Court North</b> <b>Jacksonville, FL 32217</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>DODSON, HARRIETTE</b> <b>4567 CORRIENTES CIRCLE SOUTH</b> <b>JACKSONVILLE, FL 32217</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Dodson, Harriette</b> <b>4567 Corrientes Circle South</b> <b>Jacksonville, FL 32217</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>MILLER, GLEN</b> <b>4350 BANQUERO CT. E</b> <b>JACKSONVILLE, FL 32217</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Montgomery, Yancy</b> <b>8630 Barquero Court East</b> <b>Jacksonville, FL 32217</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HOROWITZ, BEVERLY</b> <b>8309 BANGQUERO CT.</b> <b>JACKSONVILLE, FL 32217</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Schemer, Florence</b> <b>4092 Corrientes Court South</b> <b>Jacksonville, FL 32217</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WILLIAMS, LYNN</b> <b>8348 BANQUERO CT. N</b> <b>JACKSONVILLE, FL 32217</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Williams, Lynn</b> <b>8348 Barquero Court North</b> <b>Jacksonville, FL 32217</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MILLER, GLEN</b> <b>4350 BARQUERO COURT EAST</b> <b>JACKSONVILLE, FL 32217</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other titles empowered.					
<b>SIGNATURE:</b> <u>Jennifer J. Pressen</u> <u>3/26/07</u> <u>904-731-9000</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                      Date                      Daytime Phone #</small>					