

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90133 021 ****61.25



DOCUMENT # N01546

1. Entity Name

VILLAGES OF SAN JOSE OWNERS ASSOCIATION, INC.

Principal Place of Business

3617 CROWN POINT RD # 8
JACKSONVILLE FL 32257
US

Mailing Address

445 STATE RD 1300
STE 26-225
JACKSONVILLE FL 32257
US



2. Principal Place of Business

3. Mailing Address

3617 CROWN PT. Rd.

1st MOORE

CR2E037 (10/04)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste # 8

City & State

City & State

Jacksonville, FL

4. FEI Number

59-2473109

Applied For

Not Applicable

Zip

Country

Zip

Country

32257

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOCKLE, KATHY
C/O FIRST COAST MANAGEMENT
- 3617 CROWN RD STE 8
JACKSONVILLE FL 32257

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	LAKE, RAY	
STREET ADDRESS	4008 LA VISTA CIR.	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOLDSTEIN, BEVERLY	
STREET ADDRESS	3820 LAVISTA CIRCLE H116	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BRUST, ESTELLE	
STREET ADDRESS	4069 MIZNER CT. SOUTH	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MARS, MARY	
STREET ADDRESS	4020 LA VISTA CIRCLE H212	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	D	<input type="checkbox"/> Delete
NAME	COYLE, JACK	
STREET ADDRESS	4175 PALOMA POINT COURT	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 like empowered.

SIGNATURE:

Estelle Brust

Estelle Brust

3/28/05

904/292-1100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #