

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01546

FILED
May 19, 2009
Secretary of State

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

Current Principal Place of Business:

11861 REMSEN RD.
JACKSONVILLE, FL 32223 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 600099
JACKSONVILLE, FL 32260

New Mailing Address:

FEI Number: 59-2473109 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CONANT, ELTON
11861 REMSEN RD.
JACKSONVILLE, FL 32223 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DENIS, PLUMB
Address: 8463 MIZNER CIRCLE EAST
City-St-Zip: JACKSONVILLE, FL 32217

Title: S () Delete
Name: FERNANDEZ, JOAN
Address: 8458 PAPELON WAY
City-St-Zip: JACKSONVILLE, FL 32217

Title: T () Delete
Name: PERRY, LINDA
Address: 8417 FRONTERA CIRCLE
City-St-Zip: JACKSONVILLE, FL 32217

Title: VP () Delete
Name: RENFRO, MARK
Address: 4159 PALOMA POINT COURT
City-St-Zip: JACKSONVILLE, FL 32217

Title: D () Delete
Name: HAYFLICK, ROBERT
Address: 3819 LA VISTA CIRCLE
City-St-Zip: JACKSONVILLE, FL 32217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: ROSENBLUM, FRANK
Address: 3820 LA VISTA CIRCLE #122
City-St-Zip: JACKSONVILLE, FL 32217

Title: D (X) Change () Addition
Name: RENFRO, JOYCE
Address: 4159 PALOMA POINT COURT
City-St-Zip: JACKSONVILLE, FL 32217

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ELTON CONANT

AGEN

05/19/2009

Electronic Signature of Signing Officer or Director

Date