

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08386

FILED
Aug 28, 2009
Secretary of State

Entity Name: SAN JOSE FOREST II HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2852 WOOD VALLEY CT
JACKSONVILLE, FL 32217 US

New Principal Place of Business:

2961 CHRISTOPHER CREEK ROAD N.
JACKSONVILLE, FL 32217 US

Current Mailing Address:

2852 WOOD VALLEY CT
JACKSONVILLE, FL 32217 US

New Mailing Address:

2961 CHRISTOPHER CREEK ROAD N.
JACKSONVILLE, FL 32217 US

FEI Number: 59-2646149 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:

FOOTE, CRAIG W
2852 WOOD VALLEY CT.
JACKSONVILLE, FL 32217 US

Name and Address of New Registered Agent:

BROWN, LYNNE
2961 CHRISTOPHER CREEK ROAD N.
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: LYNNE BROWN

08/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCBURNEY, CHARLES
Address: 6329 CHRISTOPHER CREEK RD. E.
City-St-Zip: JACKSONVILLE, FL 32217

Title: D () Delete
Name: KELLY, CRAIG
Address: 6317 WOOD VALLEY RD
City-St-Zip: JACKSONVILLE, FL 32217

Title: D () Delete
Name: FOOTE, CRAIG W
Address: 2852 WOOD VALLEY CT
City-St-Zip: JACKSONVILLE, FL 32217

Title: SD () Delete
Name: BROWN, LYNNE
Address: 2961 CHRISTOPHER CREEK RD N
City-St-Zip: JACKSONVILLE, FL 32217

Title: D () Delete
Name: MURPHY, PATRICK
Address: 2939 DUPONT AVE
City-St-Zip: JACKSONVILLE, FL 32217

Title: D () Delete
Name: OETJEN, JOHN
Address: 6349 CHRISTOPHER CREED RD, W.
City-St-Zip: JACKSONVILLE, FL 32217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MCBURNEY, CHARLES
Address: 6326 CHRISTOPHER CREEK RD. E.
City-St-Zip: JACKSONVILLE, FL 32217

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

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

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: CHARLES MCBURNEY

D

08/28/2009

Electronic Signature of Signing Officer or Director

Date