## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

N24135

(8)

| SEVEN | MILE | DRIVE | HOMEOWNERS | ASSOCIATION. | INC. |
|-------|------|-------|------------|--------------|------|

| Principal Place of   | of Business                                       | Mailing Address                   |                  |                                |  | III BIEII BIDI: BIDII EIGII BEBII BIDII IBBI |
|--|---|-----------------------------------|------------------|--------------------------------|--|--|
| 10036 SAWGR  | GEMENT SERVICES. INC. ASS DR STE 1                | % MAY MANAGEM<br>10036 SAWGRASS   | DR STE 1         | . INC                          |  |  |
| PONTE YEURA  | A BEACH FL 32062                                  | PONTE VEDRA BEA                   | ICH FL 32082     |                                | 3. Date Incorporated or Qualified 12/29/1987   | 3a. Date of Last Report<br>02/13/1995        |
| 2. Principal Plac  | be of Business                                    | 2a. Mailing Address<br>26         |                  |                                | 4. FEI Number 59-2865375   | Applied For Not Applicable                   |
| Suite, Apt. #,   | etc.  | Suite, Apt. #, etc                | .,               |                                | 5. Certificate of Status Desired   | \$8.75 Additional Fee Required               |
| City & State   |   | City & State                      | City & State     |                                | Election Campaign Financing     Trust Fund Contribution  | \$5.00 May Be<br>Added to Fees               |
| Zip  | Country   | Zıp                               | Cou              | ntry                           | 8. This corporation has liability for inta   |  |
| 24   | 25  | 29                                | 30               |                                | Florida Statutes   | Yes No                                       |
|  | 9. Name and Address of Curre                      | ent Registered Agent              |                  |                                | 10. Name and Address of New Reg  | istered Agent                                |
|  |   |                                   |                  | 81 Name                        |  |  |
| MAY MANAGEMENT SERVICES, INC<br>10036 SAWGRASS DRIVE STE 1 |   |                                   |                  | 82 Street                      | Acidress (P.O. Box Number is Not Acceptable)   |  |
| PONTE V  | EDRA BEACH FL 32082                               |                                   |                  | 83                             |  |  |
|  |   |                                   |                  | 84 City                        |  | FL 85 Zip Code                               |
| or registere<br>familiar with                              |   | rida. Such change was auth        | orized by the d  |                                | corporation submits this statement for the purpo<br>s board of directors. I hereby accept the appoin | se of changing its registered office         |
| SIGNATURE _ s  | ignature, typed or printed name of registered age | r Land tile it applicative        | (NOTE Registered | Agent signaturi                | regured when renistating   | DATE   |
| 12.  | OFFICERS A  | ND DIRECTORS                      | 13.              |                                | ADDITIONS/CHANGES TO OFFICE  | ERS AND DIRECTORS IN 12                      |
| TITLE  | SD  | <b>∑</b> DELETE                   | 111              | rl E                           | P/D  | ☐ Change 🙀 Addition                          |
| NAME   | DOBOSH, JOE                                       |                                   | 12 N/            | AME                            | Heard, Mike<br>8209 Seven Mile Drive   | ••   |
| STREET ADDRESS   | 120 INTERNATIONAL PKWY                            | ', STE 248                        | 135              | REET ADDRESS                   | '  | 2222   |
| CITY - ST - ZIP  | HEATHROW FL                                       |                                   |                  | FY-ST-ZIP                      | Ponte Vedra Beach, FL  | 32082  |
| TITLE  | PD  | <b>X</b> DELETE                   | 2 t Ti           |                                | S/T/D  | Change 🙀 Addition                            |
| NAME   | DICK, MICHAEL                                     | , OTC 040                         | 22 N/            |                                | Starks, Mike   |  |
| STREET ADDRESS   | 120 INTERNATIONAL PKWY                            | , SIE 248                         |                  | REET ADDRESS                   | 8124 Seven Mile Drive  |  |
| TITLE  | HEATHROW FL                                       | <b>★</b> DEFELE                   | 2 4 C            | ITY - ST - ZIP                 | Ponte Vedra Beach, FL  | 32082 Addition                               |
| NAME   | FLURY, DON  | <b>X</b> _lotter                  | 3 1 11<br>3 2 N/ |                                | D  | Change Addition                              |
| STREET ADDRESS   | 8101 7 MILE DR                                    |                                   |                  | REET ADDRESS                   | Connor, Bruce  |  |
| CITY-ST-ZIP  | PONTE VEDRA BCH FL                                |                                   |                  | HEET ADDRES.<br>HTY - ST - ZIP | 8114 Seven Mile Drive  | 22222  |
| TITLE  | TOTAL TOTAL                                       | DELETE                            | 411              |                                | Ponte Vedra Beach,FL<br>V/D  | 32082 Addition                               |
| NAME   |   |                                   | 4 2 N            | AME                            | •  | _ · ~  |
| STREET ADDRESS   |   |                                   | 43S              | REET ADORESS                   | Robinson, Mike<br>8131 Seven Mile Drive  |  |
| C(TY-ST-ZIP  |   |                                   | 4 4 C            | TY-ST-21P                      | Ponta Valua Basak El   | 22002  |
| TITLE  |   | DELFTE                            | 5 1 TI           | TLE                            | 8131 Seven Mile Drive Ponte Vedra Beach, FL  | Change                                       |
| NAME   |   |                                   | 5 2 No           | AME                            |  | X.   |
| STREET ADDRESS   |   |                                   | 538              | reet address                   | ;  |  |
| CITY - ST - ZIP  |   |                                   | 5 4 C            | TY-ST-ZIP                      |  |  |
| TITLE  |   | DELETE                            | 6 1 Ti           | TLF                            |  | Change Addition                              |
| NAME   |   |                                   | 6 2 N            | AME                            |  |  |
| STREET ADDRESS   |   |                                   | 6 3 S            | TREET ADDRESS                  | ;  |  |
| CITY-ST-ZIP  |   |                                   |                  | TY-ST-ZIP                      |  |  |
| <ol><li>14. I do hereby</li></ol>                          | certify that the information supplied             | d with this filing is voluntarily | furnished and    | does not q                     | ualify for the exemption stated in Section 119.07  | (3)(k), Florida Statutes. I further          |

certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have 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 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)