

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N24135 (8)

1. Corporation Name

SEVEN MILE DRIVE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business	Mailing Address
% MAY MANAGEMENT SERVICES, INC 10036 SAWGRASS DR STE 1 PONTE VEDRA BEACH FL 32082	% MAY MANAGEMENT SERVICES, INC 10036 SAWGRASS DR STE 1 PONTE VEDRA BEACH FL 32082

3. Date Incorporated or Qualified 12/29/1987	3a. Date of Last Report 02/13/1995
4. FEI Number 59-2865375	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25.	30.

9. Name and Address of Current Registered Agent

**MAY MANAGEMENT SERVICES, INC
10036 SAWGRASS DRIVE STE 1
PONTE VEDRA BEACH FL 32082**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	DOBOSH, JOE	
STREET ADDRESS	120 INTERNATIONAL PKWY, STE 248	
CITY-ST-ZIP	HEATHROW FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DICK, MICHAEL	
STREET ADDRESS	120 INTERNATIONAL PKWY, STE 248	
CITY-ST-ZIP	HEATHROW FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FLURY, DON	
STREET ADDRESS	8101 7 MILE DR	
CITY-ST-ZIP	PONTE VEDRA BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. NAME	Heard, Mike	
13. STREET ADDRESS	8209 Seven Mile Drive	
14. CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	
21. TITLE	S/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22. NAME	Starks, Mike	
23. STREET ADDRESS	8124 Seven Mile Drive	
24. CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	
31. TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32. NAME	Connor, Bruce	
33. STREET ADDRESS	8114 Seven Mile Drive	
34. CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	
41. TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42. NAME	Robinson, Mike	
43. STREET ADDRESS	8131 Seven Mile Drive	
44. CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	
51. TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS		
54. CITY-ST-ZIP		
61. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
64. CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ **1/17/96** 904-273-9832
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)