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Feb 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

3. Date Incorporated or Qualified 12/29/1987
3a. Date of Last Report 02/05/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2865375
21 26 Applied For Not Applicable
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional Fee Required
23 City & State 28 City & State 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
24 Zip 25 Country 29 Zip 30 Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [X] Yes [] No

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD [] DELETE	1.1 TITLE	[] Change [] Addition
NAME	HEARD, MIKE	1.2 NAME	
STREET ADDRESS	8209 SEVEN MILE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VERDA BEACH FL	1.4 CITY-ST-ZIP	
TITLE	STD [] DELETE	2.1 TITLE	[] Change [] Addition
NAME	STARKS, MIKE	2.2 NAME	
STREET ADDRESS	8124 SEVEN MILE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VERDA BEACH FL	2.4 CITY-ST-ZIP	
TITLE	D [] DELETE	3.1 TITLE	[] Change [] Addition
NAME	CONNOR, BRUCE	3.2 NAME	
STREET ADDRESS	8114 SEVEN MILE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VERDA BEACH FL	3.4 CITY-ST-ZIP	
TITLE	VD [] DELETE	4.1 TITLE	[] Change [] Addition
NAME	ROBINSON, MIKE	4.2 NAME	
STREET ADDRESS	8131 SEVEN MILE DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VERDA BEACH FL	4.4 CITY-ST-ZIP	
TITLE	[] DELETE	5.1 TITLE	[] Change [] Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	[] DELETE	6.1 TITLE	[] Change [] Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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: Michael B. Heard [Signature] 1/22/97

CR2E037 (9/96)