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Mar 09 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N24135** (8)  
1. Corporation Name  
**SEVEN MILE DRIVE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>% MAY MANAGEMENT SERVICES, INC 10036 SAWGRASS DR STE 1 PONTE VEDRA BEACH FL 32082</b>	Mailing Address <b>% MAY MANAGEMENT SERVICES, INC 10036 SAWGRASS DR STE 1 PONTE VEDRA BEACH FL 32082</b>
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3. Date Incorporated or Qualified <b>12/29/1987</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>59-2865375</b>	

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>MAY MANAGEMENT SERVICES, INC 10036 SAWGRASS DRIVE STE 1 PONTE VEDRA BEACH FL 32082</b>
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10. Name and Address of New Registered Agent <b>81</b> Name <b>PATRICIA ARENAS</b> <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>MAY MANAGEMENT SERVICES, INC</b> <b>83</b> <b>10036 SAWGRASS DR, SUITE 1</b> <b>84</b> City <b>PONTE VEDRA BEACH FL</b> <b>85</b> Zip Code <b>32082</b>
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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 *[Signature]* DATE **3/2/98**

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD HEARD, MIKE 8209 SEVEN MILE DR PONTE VERDA BEACH FL</b> <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD STARKS, MIKE 8124 SEVEN MILE DR PONTE VERDA BEACH FL</b> <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CONNOR, BRUCE 8114 SEVEN MILE DR PONTE VERDA BEACH FL</b> <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD ROBINSON, MIKE 8131 SEVEN MILE DR PONTE VERDA BEACH FL</b> <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>TREASURER/DIRECTOR MAYER, DAVID 8123 SEVEN MILE DRIVE PONTE VERDA BEACH, FL, 32082</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>VICE PRESIDENT/DIRECTOR STARKS, MIKE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>PRESIDENT/DIRECTOR ROBINSON, MIKE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<b>SECRETARY/DIRECTOR BLACK, ROBERT 8305 SEVEN MILE DR PONTE VERDA BEACH, FL, 32082</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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: *[Signature]* DATE: **1/12/98 904-373-9832**

CR2E037 (10/97)