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Mar 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 % MAY MANAGEMENT SERVICES, INC 10036 SAWGRASS DR STE 1 PONTE VEDRA BEACH FL 32082	Mailing Address % MAY MANAGEMENT SERVICES, INC 10036 SAWGRASS DR STE 1 PONTE VEDRA BEACH FL 32082
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3. Date Incorporated or Qualified
12/29/1987

4. FEI Number
59-2865375

Applied For	Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 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 PATRICIA ARENAS	85 Zip Code 32082
82 Street Address (P.O. Box Number Is Not Acceptable) MAY MANAGEMENT SERVICES, INC	
83 10036 SAWGRASS DR, SUITE 1	
84 City PONTE VEDRA BEACH FL	

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: *Patricia Arenas* DATE: **3/2/98**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HEARD, MIKE 8209 SEVEN MILE DR PONTE VERDA BEACH FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD STARKS, MIKE 8124 SEVEN MILE DR PONTE VERDA BEACH FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONNOR, BRUCE 8114 SEVEN MILE DR PONTE VERDA BEACH FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROBINSON, MIKE 8131 SEVEN MILE DR PONTE VERDA BEACH FL	<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	TREASURER/DIRECTOR MAYER, DAVID 8123 SEVEN MILE DRIVE PONTE VERDA BEACH, FL, 32082	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VICE PRESIDENT/DIRECTOR STARKS, MIKE	<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	PRESIDENT/DIRECTOR ROBINSON, MIKE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	SECRETARY/DIRECTOR BLACK, ROBERT 8305 SEVEN MILE DR PONTE VERDA BEACH, FL, 32082	<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: *Robert Black* DATE: **1/2/98 904-273-9832**

CP2E037 (10/97)