


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 25, 1999 8:00 am**  
**Secretary of State**

02-25-1999 90059 027 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # N24135</b> 1. Corporation Name <b>SEVEN MILE DRIVE HOMEOWNERS ASSOCIATION, INC.</b>		
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	



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	12/29/1987
22. City & State	27. City & State	4. FEI Number
23. Zip	28. Zip	59-2865375
24. Country	29. Country	Applied For
25. Country	30. Country	Not Applicable
9. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
10. Name and Address of New Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

ARENAS, PATRICIA MAY MANAGEMENT SERVICES, INC. 10036 SAWGRASS DRIVE, SUITE 1 PONTE VEDRA BEACH FL 32082		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 \_\_\_\_\_ DATE **JAN 6, 98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYER, DAVID	1.2 NAME	
STREET ADDRESS	8123 SEVEN MILE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VERDA BEACH FL 32082	1.4 CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STARKS, MIKE	2.2 NAME	DON DAVIS
STREET ADDRESS	8124 SEVEN MILE DR	2.3 STREET ADDRESS	8160 SEVEN MILE DR
CITY-ST-ZIP	PONTE VERDA BEACH FL	2.4 CITY-ST-ZIP	PONTE VEDRA BEACH, FL
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	VICE-PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNOR, BRUCE	3.2 NAME	BRUCE CONNOR
STREET ADDRESS	8114 SEVEN MILE DR	3.3 STREET ADDRESS	8114 SEVEN MILE DR.
CITY-ST-ZIP	PONTE VERDA BEACH FL	3.4 CITY-ST-ZIP	PONTE VEDRA BEACH, FL
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACK, ROBERT	5.2 NAME	
STREET ADDRESS	8305 SEVEN MILE DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE **JAN 6, 99** DAYTIME PHONE # **904-273-9873**

CR2E037 (11/98)