

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N24135

1. Entity Name

SEVEN MILE DRIVE HOMEOWNERS ASSOCIATION, INC.

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90186 049 ****61.25

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 32082-3565

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2865375

Applied For

Not Applied

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARENAS, PATRICIA
MAY MANAGEMENT SERVICES, INC.
10036 SAWGRASS DRIVE, SUITE 1
PONTE VEDRA BEACH FL 32082

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEF IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
MAYER, DAVID
8123 SEVEN MILE DRIVE
PONTE VERDA BEACH FL 32082

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DAVIS, DON
8160 SEVEN MILE DR
PONTE VERDA BEACH FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
V
CONNOR, BRUCE
8114 SEVEN MILE DR
PONTE VERDA BEACH FL

TITLE ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
ROBINSON, MIKE
8131 SEVEN MILE DR
PONTE VERDA BEACH FL

TITLE ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
BLACK, ROBERT
8305 SEVEN MILE DRIVE
PONTE VEDRA BEACH FL 32082

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Brian Rampacek
8107 Seven Mile Dr.
Ponte Vedra Beach FL 32082
VPD

TITLE ☐ Change ☐
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐
NAME
STREET ADDRESS
CITY-ST-ZIP
PD

TITLE ☐ Change ☒
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
Jack Potter
8185 Seven Mile Drive
Ponte Vedra Beach, FL 32082

TITLE ☐ Change ☐
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
BRUCE CONNOR 1/3/00 285-7014

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #