

**2000 UNIFORM BUSINESS REPORT (UBR)**

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

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

**DOCUMENT # N24135**

1. Entity 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

% MAY MANAGEMENT SERVICES, INC  
 10036 SAWGRASS DR STE 1  
 PONTE VEDRA BEACH FL 32082-3565



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2865375**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

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

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

TITLE **VPD**  Change   
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE **PD**  Change   
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 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: **BRUCE CONNOR** 1/3/00 285-7014

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #