

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N24135

1. Entity Name

SEVEN MILE DRIVE HOMEOWNERS ASSOCIATION, INC.

FILED  
Feb 20, 2002 8:00 am  
Secretary of State

02-20-2002 90041 044 \*\*\*\*61.25

0000527

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

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-2865375	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																								
<table><tr><td>TITLE</td><td>TD</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>MAYER, DAVID</td><td></td></tr><tr><td>STREET ADDRESS</td><td>8123 SEVEN MILE DRIVE</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>PONTE VEDRA BEACH FL 32082</td><td></td></tr></table>	TITLE	TD	<input type="checkbox"/> Delete	NAME	MAYER, DAVID		STREET ADDRESS	8123 SEVEN MILE DRIVE		CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td>same</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	same		STREET ADDRESS			CITY-ST-ZIP		
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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)