

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2004 8:00 am
Secretary of State

02-03-2004 90011 040 ****61.25

DOCUMENT # N24135

1. Entity 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**

34003011



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01222004 Chg-NP CR2E037 (10/03)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida 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 **PD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **SIMPSON, GAIL**
STREET ADDRESS **8128 SEVEN MILE DRIVE**
CITY-ST-ZIP **PONTE VEDRA BEACH, FL 32082**

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

TITLE **D** ☐ Delete
NAME **SANTIERO, ERNIE**
STREET ADDRESS **117 SEVEN IRON COURT**
CITY-ST-ZIP **PONTE VEDRA BEACH, FL 32082**

TITLE **SD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☒ Delete
NAME **POTTER, JACK**
STREET ADDRESS **8185 SEVEN MILE DR**
CITY-ST-ZIP **PONTE VEDRA BEACH, FL 32082**

TITLE **TD** ☐ Change ☒ Addition
NAME **SHARON TAYLOR**
STREET ADDRESS **8149 SEVEN MILE DR.**
CITY-ST-ZIP **PONTE VEDRA BEACH, FL 32082**

TITLE **D** ☐ Delete
NAME **RAMPACEK, BRIAN**
STREET ADDRESS **8107 SEVEN MILE DR**
CITY-ST-ZIP **PONTE VEDRA BEACH, FL 32082**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/04

Date

Daytime Phone #