


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
 Sep 12, 2005 8:00 am  
 Secretary of State

08-29-2005 90143 046 \*\*\*\*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**

bb041100



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

02092005 Chg-NP CR2E037 (10/03)

City & State  
 City & State

Zip Country Zip Country

4. FEI Number  
**59-2865375**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**ARENAS, PATRICIA  
 MAY MANAGEMENT SERVICES, INC.  
 10036 SAWGRASS DRIVE, SUITE 1  
 PONTE VEDRA BEACH, FL 32082**

7. Name and Address of New Registered Agent  
 Name **May Management Services Inc**  
 Street Address (P.O. Box Number is Not Acceptable)  
**Attn: Rebecca Good**  
**5455 AIA South**  
 City **Saint Augustine** FL Zip Code **32080**

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 Rebecca Good DATE 09/08/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25  
 Due by May 1, 2005

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	MAYER, DAVID	8123 SEVEN MILE DRIVE	PONTE VEDRA BEACH, FL 32082	<input type="checkbox"/>
D	SIMPSON, GAIL	8128 SEVEN MILE DRIVE	PONTE VEDRA BEACH, FL 32082	<input type="checkbox"/>
SD	SANTIERO, ERNIE	117 SEVEN IRON COURT	PONTE VEDRA BEACH, FL 32082	<input type="checkbox"/>
TD	TAYLOR, SHARON	8149 SEVEN MILE DR.	PONTE VEDRA BEACH, FL 32082	<input type="checkbox"/>
D	RAMPACEK, BRIAN	8107 SEVEN MILE DR	PONTE VEDRA BEACH, FL 32082	<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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] DATE 2-22-05  
Signature and typed or printed name of signed officer or director