

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																																																																																																																										
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Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																											
City & State		City & State																																																																																																																											
Zip	Country	Zip	Country	4. FEI Number 59-2865375																																																																																																																									
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable																																																																																																																									
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 <u><i>Rebecca Good</i></u> 09/08/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																													
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																									
Make check payable to Florida Department of State																																																																																																																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PD</td> <td style="width: 20%; text-align: right;"><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 VERDA BEACH, FL 32082</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SIMPSON, GAIL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8128 SEVEN MILE DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PONTE VEDRA BEACH, FL 32082</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SANTIERO, ERNIE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>117 SEVEN IRON COURT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PONTE VEDRA BEACH, FL 32082</td> <td></td> </tr> <tr> <td>TITLE</td> <td>TD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>TAYLOR, SHARON</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8149 SEVEN MILE DR.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PONTE VEDRA BEACH, FL 32082</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>RAMPACEK, BRIAN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8107 SEVEN MILE DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PONTE VEDRA BEACH, FL 32082</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></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> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></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> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></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> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></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> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></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> </div> </div>						TITLE	PD	<input type="checkbox"/> Delete	NAME	MAYER, DAVID		STREET ADDRESS	8123 SEVEN MILE DRIVE		CITY-ST-ZIP	PONTE VERDA BEACH, FL 32082		TITLE	D	<input type="checkbox"/> Delete	NAME	SIMPSON, GAIL		STREET ADDRESS	8128 SEVEN MILE DRIVE		CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		TITLE	SD	<input type="checkbox"/> Delete	NAME	SANTIERO, ERNIE		STREET ADDRESS	117 SEVEN IRON COURT		CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		TITLE	TD	<input type="checkbox"/> Delete	NAME	TAYLOR, SHARON		STREET ADDRESS	8149 SEVEN MILE DR.		CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		TITLE	D	<input type="checkbox"/> Delete	NAME	RAMPACEK, BRIAN		STREET ADDRESS	8107 SEVEN MILE DR		CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			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: <u><i>[Signature]</i></u> 2-22-05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																													

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