


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90034 044 ****61.25

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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				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	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				
MAY MANAGEMENT SERVICES, INC. ATTN: REBECCA GOODICES, INC. 5455 A1A SOUTH SAINT AUGUSTINE, FL 32080			Name <u>May Management Services, Inc.</u>				
			Street Address (P.O. Box Number is Not Acceptable) <u>5455 A1A South</u>				
			City <u>Saint Augustine</u>		FL	Zip Code <u>32080</u>	
			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>[Signature]</u> Signature, typed or printed name of registered agent and title if applicable.			DATE				
Filing Fee is \$61.25 Due by May 1, 2006		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							
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MAYER, DAVID		NAME				
STREET ADDRESS	8123 SEVEN MILE DRIVE		STREET ADDRESS				
CITY-ST-ZIP	PONTE VERDA BEACH, FL 32082		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SIMPSON, GAIL		NAME				
STREET ADDRESS	8128 SEVEN MILE DRIVE		STREET ADDRESS				
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SANTIERO, ERNIE		NAME				
STREET ADDRESS	117 SEVEN IRON COURT		STREET ADDRESS				
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		CITY-ST-ZIP				
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	TAYLOR, SHARON		NAME				
STREET ADDRESS	8149 SEVEN MILE DR.		STREET ADDRESS				
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	RAMPACEK, BRIAN		NAME	JAN Sellers			
STREET ADDRESS	8107 SEVEN MILE DR		STREET ADDRESS	8153 Seven Mile Dr			
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		CITY-ST-ZIP	Ponte Vedra Bch FL 32082			
TITLE		<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME			NAME	Michael M. McAuliffe			
STREET ADDRESS			STREET ADDRESS	8269 Seven Mile Dr			
CITY-ST-ZIP			CITY-ST-ZIP	Ponte Vedra Bch FL 32082			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>[Signature]</u>			ERNEST SANTIERO		2/3/06 (904) 285-5133		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #		