




2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90037 022 ****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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 5455 A1A South	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State St Augustine FL	
Zip	Country	Zip	Country
		32080	
4. FEI Number 59-2865375		Applied For <input type="checkbox"/> 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. 5455 A1A SOUTH SAINT AUGUSTINE, FL 32080		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 		DATE 3/3/08	
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, 2008		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	D <input checked="" type="checkbox"/> Delete	TITLE	<input 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	VP <input type="checkbox"/> Delete	TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASH, DANNY	NAME	
STREET ADDRESS	8197 SEVEN MILE DR	STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASQUALE, JOANN	NAME	
STREET ADDRESS	8285 SEVEN MILE DR	STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCAULIFFE, MICHELLE	NAME	
STREET ADDRESS	8269 SEVEN MILE DR	STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	Agent <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PASQUALE, JOANN	NAME	Brian Rampacek
STREET ADDRESS	8285 SEVEN MILE DR.	STREET ADDRESS	8107 Seven Mile Dr.
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	CITY-ST-ZIP	Ponte Vedra, FL 32082
TITLE	<input type="checkbox"/> Delete	TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Jan Sellers
STREET ADDRESS		STREET ADDRESS	8153 Seven mile Dr
CITY-ST-ZIP		CITY-ST-ZIP	Ponte Vedra Beach, 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: 		Date 3/3/08 Daytime Phone # 904-273-9085	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	