2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24135

FILED Mar 27, 2009 Secretary of State

Entity Name: SEVEN MILE DRIVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

% MAY MANAGEMENT SERVICES, INC 10036 SAWGRASS DRIVE WEST

10036 SAWGRASS DR STE 1 SUITE 1

PONTE VEDRA BEACH, FL 32082 PONTE VEDRA BEACH, FL 32082

Current Mailing Address: New Mailing Address:

5455 AIA SOUTH

SAINT AUGUSTINE, FL 32080

FEI Number: 59-2865375 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MAY MANAGEMENT SERVICES, INC. 5455 A1A SOUTH SAINT AUGUSTINE, FL 32080 US

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.

SIGNATURE:

Flacks with Company of Designature of Asset

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P
 () Delete
 Title:
 P
 (X) Change () Addition

 Name:
 CASH, DANNY
 Name:
 CASH, DANNY

Address: 8197 SEVEN MILE DR Address: 5455 A1A SOUTH

City-St-Zip: PONTE VEDRA BEACH, FL 32082 City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: VP () Delete Title: VP (X) Change () Addition Name: PASQUALE, JOANN Name: PASQUALE, JOANN

Address: 8285 SEVEN MILE DR Address: 5455 A1A SOUTH
City-St-Zip: PONTE VEDRA BEACH, FL 32082 City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: T () Delete Title: T (X) Change () Addition

Name: MCAULIFFE, MICHELLE Name: MCAULIFFE, MICHELLE Address: 8269 SEVEN MILE DR Address: 5455 A1A SOUTH

City-St-Zip: PONTE VEDRA BEACH, FL 32082 City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: A () Delete Title: A (X) Change () Addition

Name:RAMPACEK, BRIANName:RAMPACEK, BRIANAddress:8107 SEVEN MIKE DR.Address:5455 A1A SOUTH

City-St-Zip: PONTE VEDRA BEACH, FL 32082 City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: S () Delete Title: S (X) Change () Addition Name: SELLERS, JAN Name: SELLERS, JAN

 Name:
 SELLERS, JAN
 Name:
 SELLERS, JAN

 Address:
 8153 SEVEN MILE DR.
 Address:
 5455 A1A SOUTH

City-St-Zip: PONTE VEDRA BEACH, FL 32082 City-St-Zip: SAINT AUGUSTINE, FL 32080

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANNY CASH P 03/27/2009