

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N24135 (8)

1. Corporation Name

SEVEN MILE DRIVE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business	Mailing Address
% MAY MANAGEMENT SERVICES, INC 10036 SAWGRASS DR STE 1 PONTE VEDRA BEACH FL 32082	% MAY MANAGEMENT SERVICES, INC 10036 SAWGRASS DR STE 1 PONTE VEDRA BEACH FL 32082

3. Date Incorporated or Qualified 12/29/1987	3a. Date of Last Report 02/13/1995
4. FEI Number 59-2865375	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
MAY MANAGEMENT SERVICES, INC 10036 SAWGRASS DRIVE STE 1 PONTE VEDRA BEACH FL 32082				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83. City	
				84. City	FL
		85. Zip Code			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	<input checked="" type="checkbox"/> DELETE	11. TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOBOSH, JOE		12. NAME	Heard, Mike	
STREET ADDRESS	120 INTERNATIONAL PKWY, STE 248		13. STREET ADDRESS	8209 Seven Mile Drive	
CITY-ST-ZIP	HEATHROW FL		14. CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	
TITLE	PD	<input checked="" type="checkbox"/> DELETE	21. TITLE	S/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DICK, MICHAEL		22. NAME	Starks, Mike	
STREET ADDRESS	120 INTERNATIONAL PKWY, STE 248		23. STREET ADDRESS	8124 Seven Mile Drive	
CITY-ST-ZIP	HEATHROW FL		24. CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	
TITLE	D	<input checked="" type="checkbox"/> DELETE	31. TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLURY, DON		32. NAME	Connor, Bruce	
STREET ADDRESS	8101 7 MILE DR		33. STREET ADDRESS	8114 Seven Mile Drive	
CITY-ST-ZIP	PONTE VEDRA BCH FL		34. CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	
TITLE		<input type="checkbox"/> DELETE	41. TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			42. NAME	Robinson, Mike	
STREET ADDRESS			43. STREET ADDRESS	8131 Seven Mile Drive	
CITY-ST-ZIP			44. CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	
TITLE		<input type="checkbox"/> DELETE	51. TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			52. NAME		
STREET ADDRESS			53. STREET ADDRESS		
CITY-ST-ZIP			54. CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	61. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			62. NAME		
STREET ADDRESS			63. STREET ADDRESS		
CITY-ST-ZIP			64. CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: 1/17/96 904-273-9832
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)