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**Mar 09 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N24135 (8)

1. Corporation 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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3. Date Incorporated or Qualified
12/29/1987

4. FEI Number
59-2865375

Applied For	Not Applicable
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2. Principal Place of Business 21	2a. Mailing Address 28
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

**MAY MANAGEMENT SERVICES, INC
10036 SAWGRASS DRIVE STE 1
PONTE VEDRA BEACH FL 32082**

10. Name and Address of New Registered Agent

81 Name PATRICIA ARENAS
82 Street Address (P.O. Box Number Is Not Acceptable) MAY MANAGEMENT SERVICES, INC
83 10036 SAWGRASS DR, SUITE 1
84 City PONTE VEDRA BEACH FL
85 Zip Code 32082

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: *Patricia Arenas* DATE: **3/2/98**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PD	NAME HEARD, MIKE	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 8209 SEVEN MILE DR	CITY-ST-ZIP PONTE VERDA BEACH FL	
TITLE STD	NAME STARKS, MIKE	<input type="checkbox"/> DELETE
STREET ADDRESS 8124 SEVEN MILE DR	CITY-ST-ZIP PONTE VERDA BEACH FL	
TITLE D	NAME CONNOR, BRUCE	<input type="checkbox"/> DELETE
STREET ADDRESS 8114 SEVEN MILE DR	CITY-ST-ZIP PONTE VERDA BEACH FL	
TITLE VD	NAME ROBINSON, MIKE	<input type="checkbox"/> DELETE
STREET ADDRESS 8131 SEVEN MILE DR	CITY-ST-ZIP PONTE VERDA BEACH FL	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE TREASURER/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME MAYER, DAVID	
1.3 STREET ADDRESS 8123 SEVEN MILE DRIVE	
1.4 CITY-ST-ZIP PONTE VERDA BEACH, FL, 32082	
2.1 TITLE VICE PRESIDENT/DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME STARKS, MIKE	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE PRESIDENT/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME ROBINSON, MIKE	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE SECRETARY/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME BLACK, ROBERT	
5.3 STREET ADDRESS 8305 SEVEN MILE DR	
5.4 CITY-ST-ZIP PONTE VERDA BEACH, FL, 32082	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: *Robert Black* DATE: **1/2/98 904-273-9832**

CP2E037 (10/97)