


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
 Sep 12, 2005 8:00 am
 Secretary of State

08-29-2005 90143 046 ****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

bbu41100



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02092005 Chg-NP CR2E037 (10/03)

City & State
 City & State

Zip Country Zip Country

4. FEI Number
 59-2865375

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 ARENAS, PATRICIA
 MAY MANAGEMENT SERVICES, INC.
 10036 SAWGRASS DRIVE, SUITE 1
 PONTE VEDRA BEACH, FL 32082

7. Name and Address of New Registered Agent
 Name May Management Services Inc
 Street Address (P.O. Box Number is Not Acceptable)
Attn: Rebecca Good
5455 AIA South
 City Saint Augustine FL Zip Code 32080

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 Rebecca Good DATE 09/08/05
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, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAYER, DAVID 8123 SEVEN MILE DRIVE PONTE VERDA BEACH, FL 32082 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMPSON, GAIL 8128 SEVEN MILE DRIVE PONTE VEDRA BEACH, FL 32082 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SANTIERO, ERNIE 117 SEVEN IRON COURT PONTE VEDRA BEACH, FL 32082 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TAYLOR, SHARON 8149 SEVEN MILE DR. PONTE VEDRA BEACH, FL 32082 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMPACEK, BRIAN 8107 SEVEN MILE DR PONTE VEDRA BEACH, FL 32082 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: [Signature] DATE 2-22-05
Signature and typed or printed name of signed officer or director Date Daytime Phone #