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Mar 25 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 739177 (4)  
1. Corporation Name  
BLACK HAMMOCK ISLAND CIVIC ASSOCIATION, INC.



Principal Place of Business: 19029 WATERVILLE ROAD JACKSONVILLE FL 32226  
Mailing Address: 19029 WATERVILLE ROAD JACKSONVILLE FL 32226

3. Date Incorporated or Qualified: 05/27/1977  
4. FEI Number: 59-2104167  
Applied For: Not Applicable

2. Principal Place of Business: 21 15770 SAWPIT RD. 22 Jacksonville, FL 32226  
2a. Mailing Address: 26 13499 SAWPIT RD. 27 Jacksonville, FL 32226  
23 32226 24 USA 25 32226 28 USA 29 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  
BRAY, JENELLE H.  
19029 WATERVILLE ROAD  
JACKSONVILLE FL 32226

10. Name and Address of New Registered Agent  
81 Name: John Smaglis  
82 Street Address (P.O. Box Number Is Not Acceptable): 13499 SAWPIT RD.  
83  
84 City: JACKSONVILLE FL 85 Zip Code: 32226

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: John Smaglis, PRES. DAVID 3/16/98  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	✓
NAME	SMAGLIS, JOHN	1.2 NAME	AND CASWELL
STREET ADDRESS	13499 SAWPIT RD	1.3 STREET ADDRESS	15648 SHANK RD. W.
CITY-ST-ZIP	JACKSONVILLE FL 32226	1.4 CITY-ST-ZIP	JACK, FL. - 32226
TITLE	D	2.1 TITLE	DIRECTOR
NAME	CASTNER, MICHAEL	2.2 NAME	JOANN GROVER
STREET ADDRESS	16211 WATERVILLE RD.	2.3 STREET ADDRESS	16109 SHELLCRACKER RD.
CITY-ST-ZIP	JACKSONVILLE FL 32226	2.4 CITY-ST-ZIP	JACK, FL. - 32226
TITLE	V	3.1 TITLE	DIRECTOR
NAME	BRAY, JENELLE H	3.2 NAME	SUSAN TAMOS
STREET ADDRESS	19029 WATERVILLE RD	3.3 STREET ADDRESS	16004 SHANK RD W.
CITY-ST-ZIP	JACKSONVILLE FL 32226	3.4 CITY-ST-ZIP	JACK, FL. - 32226
TITLE	T	4.1 TITLE	DIRECTOR
NAME	GROVER, DARBY	4.2 NAME	TOMMY CASWELL
STREET ADDRESS	16109 SHELLCRACKER RD	4.3 STREET ADDRESS	15648 SHANK RD. W.
CITY-ST-ZIP	JACKSONVILLE FL 32226	4.4 CITY-ST-ZIP	JACK, FL - 32226
TITLE	S	5.1 TITLE	
NAME	THOMPSON, MARY	5.2 NAME	
STREET ADDRESS	15561 FLOUNDER RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32226	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	RODGERS, CHARLES V	6.2 NAME	
STREET ADDRESS	16291 FRANDERSON LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	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: John Smaglis 3/16/98 904-751-5629

CR2E037 (10/97)