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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 739177

1. Corporation Name
BLACK HAMMOCK ISLAND CIVIC ASSOCIATION, INC.

Principal Place of Business 15770 SAWPIT RD JACKSONVILLE FL 32226 US	Mailing Address 13499 SAWPIT RD JACKSONVILLE FL 32226 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/27/1977
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2104167
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

JOHN SMAGLIS
 13499 SAWPIT RD
 JACKSONVILLE FL 32226

10. Name and Address of New Registered Agent

81 Name **JAMES HANAPEL**
 82 Street Address (P.O. Box Number is Not Acceptable)
15799 SHELLCRACKER RD.
 83
 84 City **JAK** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE VP	<input checked="" type="checkbox"/> DELETE
NAME CASWELL, ANN	
STREET ADDRESS 15648 SHANK RD WEST	
CITY-ST-ZIP JACKSONVILLE FL 32226	
TITLE D	<input type="checkbox"/> DELETE
NAME GROVER, JOANN	
STREET ADDRESS 16109 SHELLCRACKER RD	
CITY-ST-ZIP JACKSONVILLE FL 32226	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME JAMES, SUSAN	
STREET ADDRESS 16004 SHANK RD WEST	
CITY-ST-ZIP JACKSONVILLE FL 32226	
TITLE D	<input type="checkbox"/> DELETE
NAME CASWELL, TOMMY	
STREET ADDRESS 26-59 SHANK RD WEST	
CITY-ST-ZIP JACKSONVILLE FL 32226	
TITLE S	<input checked="" type="checkbox"/> DELETE
NAME THOMPSON, MARY	
STREET ADDRESS 15561 FLOUNDER RD.	
CITY-ST-ZIP JACKSONVILLE FL 32226	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME CASWELL, TOMMY	
STREET ADDRESS 15648 SHANK RD WEST	
CITY-ST-ZIP JACKSONVILLE FL 32226	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME CHIP MARCUS	
1.3 STREET ADDRESS 15651 SHARK RD. W.	
1.4 CITY-ST-ZIP JAK, FL. 32226	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS 16109 SHELLCRACKER	
2.4 CITY-ST-ZIP	
3.1 TITLE TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME LINDA TYLER	
3.3 STREET ADDRESS 10400 SAWPIT RD.	
3.4 CITY-ST-ZIP JAK, FL. - 32226	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS 15648 SHARK RD. W.	
4.4 CITY-ST-ZIP	
5.1 TITLE SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME MONICA MARCUS	
5.3 STREET ADDRESS 15651 SHARK RD. W.	
5.4 CITY-ST-ZIP JAK, FL. - 32226	
6.1 TITLE BOARD MEMBER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME MOZELL MASTERS	
6.3 STREET ADDRESS 15511 FLOUNDER RD.	
6.4 CITY-ST-ZIP JAK, FL. - 32226	

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, with all other like empowered.

SIGNATURE: John Hanapel SIGNATURE REQUIRED 2/9/99 904-761-5629
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)