2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# 739177

Entity Name: BLACK HAMMOCK ISLAND CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

15770 SAWPIT RD
JACKSONVILLE, FL 32226 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 26305
JACKSONVILLE, FL 32226 US

New Mailing Address:

15561 FLOUNDER RD
JACKSONVILLE, FL 32226 US

FEI Number: 59-2104167 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

THOMPSON, MARY E
15561 FLOUNDER RD
JACKSONVILLE, FL 32226 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	LEWIS, MIKE	
Address:	15512 SHARK ROAD WEST	
City-St-Zip:	JACKSONVILLE, FL 32226	
Title:	VP	( ) Delete
Name:	PONCE, DAVID	
Address:	15528 SHARK ROAD WEST	
City-St-Zip:	JACKSONVILLE, FL 32226	
Title:	T	( ) Delete
Name:	CASWELL, ANN	
Address:	15648 SHARK RD. W	
City-St-Zip:	JACKSONVILLE, FL 32226	
Title:	S	( ) Delete
Name:	THOMPSON, MARY	
Address:	15561 FLOUNDER ROAD	
City-St-Zip:	JACKSONVILLE, FL 32226	
Title:	D	( ) Delete
Name:	PONCE, SHELIA	
Address:	15528 SHARK ROAD WEST	
City-St-Zip:	JACKSONVILLE, FL 32226	
Title:	D	( ) Delete
Name:	LEE, CHARLES	
Address:	15930 SHARK ROAD WEST	
City-St-Zip:	JACKSONVILLE, FL 32226	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY THOMPSON S 05/01/2006

Electronic Signature of Signing Officer or Director — Date