2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State
04-30-2007 90455 036 ****61.25

DOCUMENT # 739177

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

40091389

Principal Place of Business	Mailing Address
15770 SAWPIT RD JACKSONVILLE, FL 32226 US	15561 FLOUNDER RD JACKSONVILLE, FL 32226 US

04122007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2104167 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THOMPSON, MARY E 15561 FLOUNDER RD JACKSONVILLE, FL 32226	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

Filing Fee is $61.25
Due by May 1, 2007

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LEWIS, MIKE 15512 SHARK ROAD WEST JACKSONVILLE, FL 32226	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LEE, CHARLES 15930 SHARK RD. WEST JACKSONVILLE, FL. 32226	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP PONCE, DAVID 15528 SHARK ROAD WEST JACKSONVILLE, FL 32226	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HANAPEL, LENNY 15799 SHELLCRACKER RD. JACKSONVILLE, FL. 32226	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CASWELL, ANN 15648 SHARK RD. W JACKSONVILLE, FL 32226	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S THOMPSON, MARY 15561 FLOUNDER ROAD JACKSONVILLE, FL 32226	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PONCE, SHELIA 15528 SHARK ROAD WEST JACKSONVILLE, FL 32226	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WRIGHT, HARRIET 16190 SAWPIT RD. JACKSONVILLE, FL, 32226	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEE, CHARLES 15930 SHARK ROAD WEST JACKSONVILLE, FL 32226	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THOMPSON, JACK 15561 FLOUNDER RD. JACKSONVILLE, FL. 32226	☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Mary E. Thompson (MARY E. THOMPSON) 4-25-07 904-757-3650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT
40091389
#739177

Title: M
Name: Caswell, Tommy
Address: 15648 Shark Rd. West
City-ST-Zip: Jacksonville, FL 32226

Title: D
Name: Masters, Mozell
Address: 15511 Flounder Rd.
City-ST-Zip: Jacksonville, FL 32226