

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739177

Entity Name: BLACK HAMMOCK ISLAND CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

15770 SAWPIT RD
JACKSONVILLE, FL 32226

Current Mailing Address:

15561 BREAM RD
JACKSONVILLE, FL 32226 US

FEI Number: 59-2104167

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HICKEY, MICHAEL TIMOTHY
15930 SHARK RD W
JACKSONVILLE, FL 32226 US

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: MICHAEL TIMOTHY HICKEY

01/17/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name BERTINO, MARY ANN
Address 15440 SHARK ROAD W
City-State-Zip: JACKSONVILLE FL 32226

Title DIRECTOR
Name CRAFT, SCOTT
Address 15772 SHARK ROAD WEST
City-State-Zip: JACKSONVILLE FL 32226

Title SECRETARY
Name VALENTINE, DARLANE
Address 15557 FLOUNDER RD
City-State-Zip: JACKSONVILLE FL 32226

Title TREASURER
Name PIERCE, HANNAH ALACE
Address 15561 BREAM RD
City-State-Zip: JACKSONVILLE FL 32226

Title VP
Name ELLIOTT, DEBRA SUE MARY
Address 16024 SHELLCRACKER RD
City-State-Zip: JACKSONVILLE FL 32226

Title DIRECTOR
Name NEWMAN, PATRICIA JONES
Address 16030 SHELLCRACKER RD
City-State-Zip: JACKSONVILLE FL 32226

Title PRESIDENT
Name HICKEY, MICHAEL TIMOTHY
Address 15930 SHARK RD W
City-State-Zip: JACKSONVILLE FL 32226

I hereby 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 all other like empowered.

SIGNATURE: HANNAH ALACE PIERCE

TREASURER

01/17/2019

Electronic Signature of Signing Officer/Director Detail

Date