

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739177

FILED
Mar 17, 2015
Secretary of State
CC9748596308

Entity Name: BLACK HAMMOCK ISLAND CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

15770 SAWPIT RD
JACKSONVILLE, FL 32226

Current Mailing Address:

15501 WATERVILLE RD
JACKSONVILLE, FL 32226 US

FEI Number: 59-2104167

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHORTRIDGE, WAYNE C
16086 SAWPIT RD
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: WAYNE C SHORTRIDGE

03/17/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name MILLIGAN, RONALD
Address 10210 SAWPIT RD
City-State-Zip: JACKSONVILLE FL 32226

Title VP
Name LEE, CHARLES
Address 15930 SHARK RD W
City-State-Zip: JACKSONVILLE FL 32226

Title DIRECTOR
Name THOMPSON, MARY
Address 15561 FLOUNDER ROAD
City-State-Zip: JACKSONVILLE FL 32226

Title S
Name THOMASON, WENDY
Address 16018 RED BASS DR
City-State-Zip: JACKSONVILLE FL 32226

Title D
Name CAYER, RALPHANNE
Address 16034 SHELLCRACKER RD
City-State-Zip: JACKSONVILLE FL 32226

Title TREASURER
Name PIEPER, PAM
Address 15501 WATERVILLE RD
City-State-Zip: JACKSONVILLE FL 32226

Title PRESIDENT
Name SHORTRIDGE, WAYNE
Address 16086 SAWPIT RD
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: PAM PIEPER

TREASURER

03/17/2015

Electronic Signature of Signing Officer/Director Detail

Date