

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739177

FILED
Mar 12, 2017
Secretary of State
CC1978902173

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:

ELLIOTT, DEBBIE
16024 SHELLCRACKER ROAD
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: DEBBIE ELLIOTT

03/12/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name COCHRAN, SANDRA
Address 16035 SHELLCRACKER ROAD
City-State-Zip: JACKSONVILLE FL 32226

Title DIRECTOR
Name WILLIAMS, JR., JOSEPH E.
Address 16025 SHELLCRACKER ROAD
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 DIRECTOR
Name FOWLER, CHRISTINA
Address 15680 CROAKER ROAD
City-State-Zip: JACKSONVILLE FL 32226

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

Title PRESIDENT
Name ELLIOTT, DEBBIE
Address 16024 SHELLCRACKER RD
City-State-Zip: JACKSONVILLE FL 32226

Title VP
Name NEWMAN, TRISH
Address 16030 SHELLCRACKER RD
City-State-Zip: JACKSONVILLE FL 32226

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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

03/12/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title SERGEANT AT ARMS
Name NEWMAN, KEITH
Address 16030 SHELLCRACKER RD
City-State-Zip: JACKSONVILLE FL 32226