

**2016 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:**

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  
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: DEBBIE ELLIOTT**

**03/07/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name SHORTRIDGE, WAYNE C  
Address 16086 SAWPIT RD  
City-State-Zip: JACKSONVILLE FL 32226

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

Title DIRECTOR  
Name HICKS, ROBERT J  
Address 16076 SAWPIT 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 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**

**SECRETARY**

**03/07/2016**

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