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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N41303

(1)

1. Corporation Name

BLACK HAMMOCK ASSOCIATION, INC.



Principal Place of Business

% THOMAS K. MCCORD  
2310 SALT CREEK TRAIL  
OVIEDO FL 32765

Mailing Address

P.O. BOX 1695  
2310 SALT CREEK TRAIL  
OVIEDO FL 32765  
US

3. Date Incorporated or Qualified  
12/04/1990

3a. Date of Last Report  
03/09/1995

4. FEI Number  
59-3051897

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

P.O. Box 621695  
Suite, Apt. #, etc.

City & State

City & State

Oviedo, FL

Zip

Country

Zip

Country

32762-1695 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCCORD, THOMAS K.  
2310 SALT CREEK TRAIL  
OVIEDO FL 32765

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME LOGUE, JAMES  
STREET ADDRESS 3250 STONE ST  
CITY-ST-ZIP OVIEDO FL

TITLE VPD  
NAME THOMPSON, MICHAEL D  
STREET ADDRESS 2975 INDEPENDENCE AVE  
CITY-ST-ZIP OVIEDO FL

TITLE TD  
NAME MCCORD, THOMAS K  
STREET ADDRESS 2310 SALT CREEK TR  
CITY-ST-ZIP OVIEDO FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated in this annual report or supplemental annual 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 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/96 (407) 423-5355

CR2E037 (12/95)