


FILE NOW: FILING FEE IS \$61.25

FILED
May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 PO BOX 621695 2310 SALT CREEK TRAIL OVIEDO FL 32762-1695 US
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3. Date Incorporated or Qualified 12/04/1990	3a. Date of Last Report 04/02/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-3051897	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MCCORD, THOMAS K. 2310 SALT CREEK TRAIL OVIEDO FL 32765	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME LOGUE, JAMES	1.1 TITLE PD	1.2 NAME Van Duyn, Richard II
STREET ADDRESS 3250 STONE ST	<input checked="" type="checkbox"/> DELETE	1.3 STREET ADDRESS 2445 Canal St	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP OVIEDO FL		1.4 CITY-ST-ZIP OVIEDO, FL 32765-7705	
TITLE VPD	NAME THOMPSON, MICHAEL D	2.1 TITLE VPD	2.2 NAME Daniel, William R
STREET ADDRESS 2975 INDEPENDENCE AVE	<input checked="" type="checkbox"/> DELETE	2.3 STREET ADDRESS 2075 Palm Av.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP OVIEDO FL		2.4 CITY-ST-ZIP OVIEDO, FL 32765	
TITLE TD	NAME MCCORD, THOMAS K	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2310 SALT CREEK TR	<input type="checkbox"/> DELETE	3.2 NAME	
CITY-ST-ZIP OVIEDO FL		3.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
NAME		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.2 NAME	
CITY-ST-ZIP		4.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
NAME		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
NAME		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on 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 if changed, or on an attachment with an address.

SIGNATURE:

Thomas K. McCord
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/97
Date

(407) 423-5355
Daytime Phone #

0014380

CR2E037 (9/96)