

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41303

FILED
Sep 03, 2005
Secretary of State

Entity Name: BLACK HAMMOCK ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 621695
2310 SALT CREEK TRAIL
OVIEDO, FL 327621695 US

New Mailing Address:

FEI Number: 59-3051897 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LOGUE, JIM
Address: 3205 ELM ST
City-St-Zip: OVIEDO, FL 32765

Title: VPD () Delete
Name: COUCH, MARVIN
Address: 1705 VAN ARSDALE
City-St-Zip: OVIEDO, FL 32765

Title: TD () Delete
Name: MCCORD, THOMAS K
Address: 2310 SALT CREEK TR
City-St-Zip: OVIEDO, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: THOMAS K. MCCORD

TD

09/03/2005

Electronic Signature of Signing Officer or Director

Date