

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N41303

FILED
Sep 04, 2007
Secretary of State

Entity Name: BLACK HAMMOCK ASSOCIATION, INC.

Current Principal Place of Business:

3350 FLORIDA AVE.
OVIEDO, FL 32765

New Principal Place of Business:

3585 CANAL STREET
OVIEDO, FL 32765

Current Mailing Address:

3350 FLORIDA AVE.
OVIEDO, FL 32765

New Mailing Address:

PO BOX 620415
OVIEDO, FL 32762

FEI Number: 59-3051897

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HICKS, STEVEN L
3350 FLORIDA AVE.
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

PETERSON, DONALD A
3585 CANAL STREET
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: DONALD A. PETERSON

09/04/2007

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: PD (X) Change () Addition
Name: PETERSON, DONALD A
Address: 3585 CANAL STREET
City-St-Zip: OVIEDO, FL 32765

Title: VPD (X) Change () Addition
Name: KING, SHARON D
Address: 2211 BLACK HAMMOCK ROAD
City-St-Zip: OVIEDO, FL 32765

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DONALD A. PETERSON

PD

09/04/2007

Electronic Signature of Signing Officer or Director

Date