

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 19, 2008  
Secretary of State**

DOCUMENT# N41303

Entity Name: BLACK HAMMOCK ASSOCIATION, INC.

**Current Principal Place of Business:**

3585 CANAL STREET  
OVIEDO, FL 32765

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 620415  
OVIEDO, FL 32762

**New Mailing Address:**

FEI Number: 59-3051897      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PETERSON, DONALD A  
3585 CANAL STREET  
OVIEDO, FL 32765    US

**Name and Address of New Registered Agent:**

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: PETERSON, DONALD A  
Address: 3585 CANAL STREET  
City-St-Zip: OVIEDO, FL 32765

Title: VPD ( ) Delete  
Name: KING, SHARON D  
Address: 2211 BLACK HAMMOCK ROAD  
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: TD (X) Change ( ) Addition  
Name: HILDMEYER, LORI  
Address: 3585 CANAL STREET  
City-St-Zip: OVIEDO, FL 32765

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: SHARON D. KING

VPD

02/19/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date