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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #1. Corporation Name N97000002601

HOGANS CLIFF HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address 8028 HOGAN COVE DR. 8028 HOGAN COVE DR. 3. Date Incorporated or Qualified JACKSONVILLE FL 32221 JACKSONVILLE FL 32221 05/08/1997 4. FEI Number Applied For 59-3498171 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional П 5. Certificate of Status Desired 8028 Hogan Cove Drive 8028 Hogan Cove Drive Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 22 Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? Jacksonville, FL Jacksonville, FL Yes No Country Duval ^{Ži}32221 8. This corporation owes or has paid the current year Intangible Duval 32221 24 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 Name HOGAN, SHARON D 82 Street Address (P.O. Box Number is Not Acceptable) 8028 HOGAN COVE DR. 83 JACKSONVILLE FL 32221 84 City 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 E. Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change Addition NAME HOGAN, SHARON D 1.2 NAME 8028 Hogan Cove Drive 8028 HOGAN COVE DR. STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 32221 CITY-ST-ZIP 1.4 CITY-ST-ZIP Jacksonville, FL 32221 Change DELETE TITLE 21 TITLE HOGAN, TODD W NAME 2.2 NAME 8011 Hogan Cove Drive 8403 SPRING TREE RD. 2.3 STREET ADDRESS STREET ADDRESS Jacksonville, FL 32221 JACKSONVILLE FL 32210 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3.1 TITLE Change **★** Addition TITLE HOGAN-LITWIN, AMY L NAME 3.2 NAME 8020 Hogan Cove Drive 7812 ENDERBY AVE., E. STREET ADORESS 3.3 STREET ADDRESS JACKSONVILLE FL 32244 Jacksonville, FL 32221 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 5.1 TITLE Change TITLE

6.4 CITY-ST-ZIP 14. Thereby 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.

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

Change

Addition

FILED

Apr 17 1998 8:00am

Secretary of State

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