NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N9700002601 1. Corporation Name

Country

9. Name and Address of Current Registered Agent

25

HOGANS CLIFF HOMEOWNERS ASSOCIATION, INC.

Principal Place of Busine
8028 HOGAN COVE DR.
IACKSONVILLE EL 32221

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

City & State

22

23

24

Zip

Mailing Address

8028 HOGAN COVE DR. JACKSONVILLE FL 32221

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

Zip

FILED Jan 30, 1999 8:00am **Secretary of State**

01-30-1999 90005 046 ****61.25

|--|

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

10. Name and Address of New Registered Agent

SHARON HOGAN, PRESIDENT

(904) 786-6361

1-11-99

Trust Fund Contribution

05/08/1997

59-3498171

4. FEI Number

TITLE D HOGAN, SHARON D 12 NAME HOGAN, SHARON D 13 STREET ADDRESS STREET ADDRESS MOGAN COVE DR. JACKSONVILLE FI, 32221 DELETE 2: TITLE Change Addition TITLE D HOGAN, TODD W 22 STREET ADDRESS SITHEF ADDRESS JACKSONVILLE FI, 32221 DELETE 3: TITLE Change Addition TITLE D HOGAN COVE DRIVE DELETE 3: TITLE Change Addition TITLE D HOGAN COVE DRIVE JACKSONVILLE FI, 32221 DELETE 3: TITLE Change Addition TITLE D HOGAN COVE DRIVE JACKSONVILLE FI, 32221 DELETE JITLE Change Addition TITLE D HOGAN COVE DRIVE JACKSONVILLE FI, 32221 DELETE JITLE Change Addition TITLE HOGAN COVE DRIVE JACKSONVILLE FI, 32221 DELETE JITLE DELETE JITLE DELETE JITLE DELETE JITLE DELETE JITLE JITLE DELETE JITLE	the state of the s			Wallie				
JACKSONVILLE FL 32221 34	HOGAN, SHARON DATABLE AND HASS CHARLOST BY			82 Street Address (P.O. Box Number is Not Acceptable)				
B4			18	33				
Part	JACKSON	VILLE FL 32221	L			es Zin C	ode	
The previsions of Sections 617.0502 and 617.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing/list registred agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment are registred agent, and accept the obligations of, Section 617.3603, Florida Statutes. SIGNATURE Signature, higher or printed name of registered agent are size a egistred agent and an accept the obligations of, Section 617.3603, Florida Statutes. TITLE D		. <i>'</i>	1	34 City	У	FL 85 ZIP C	oue .	
agent Lam familiar with, and accept the obligations of, Section 617.4505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE HOGAN, SHARON D STREET ADDRESS ACKSONVILLE FL. 32221 DACKSONVILLE FL. 32221 DACKSONVILLE FL. 32221 DACKSONVILLE FL. 32221 DELETE TITLE D HOGAN-LITWIN; AMY L STREET ADDRESS ACTY-ST-ZP HOGAN-LITWIN; AMY L STREET ADDRESS ACTY-ST-ZP JACKSONVILLE FL. 32221 DELETE JACKSONVILLE FL. 32221 DELETE JACKSONVILLE FL. 32221 DELETE ACKSONVILLE FL. 32221 DELETE JACKSONVILLE FL. 32221	6600 1100011	A the resulting of Sections 517 0502 and 617 1508. Florida Sta	tutes, the abo	ove-nan	ned corporation submits this stateme	of for the nurnose of changing its	registered	
Signature, Special printed frame of Impotended agent and title if approaches (NOILE SIGNATURE) 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		acietared exect or both in the State of Florida Such challes wa	S authorized (UY 11 10 V				
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D D DELETE 1.1 TITLE DELETE 2.1 TITLE DELETE 3.1 TITLE 3.1 TI	SIGNATURE	(N	OTF: Registered A	oent signe	ature required when reinstating)			
TITLE D DELETE 1.1 TITLE Change Addition NAME HOGAN, SHARON D 13.5 TREET ADDRESS TITLE D DELETE 1.1 TITLE Change Addition NAME HOGAN, TODD W 22.5 TREET ADDRESS TITLE D HOGAN, TODD W 23.5 TREET ADDRESS TITLE D Change Addition NAME HOGAN, TODD W 23.5 TREET ADDRESS TITLE D Change Addition NAME HOGAN-LITWIN, AMY L 32.5 NAME NAME HOGAN-LITWIN, AMY L 33.5 TREET ADDRESS STREET ADDRESS ACK'S.57.2P NAME ACKSONVILLE FL 32221 DELETE ATTILE Change Addition NAME STREET ADDRESS NAME ACK'S.57.2P ACKSONVILLE FL 32221 DELETE ATTILE Change Addition NAME STREET ADDRESS NAME ACK'S.57.2P ACK'S.57.2P NAME STREET ADDRESS STREET ADDRESS		Signature, types or printed harne or registered agent and			ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTO	RS IN 12	
HOGAN, SHARON D STREET ADDRESS BO28 HOGAN COVE DR. 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP JACKSONVILLE FL 32221 DELETE 14 CITY-ST-ZIP NAME HOGAN, TODD W STREET ADDRESS 8011 HOGAN COVE DRIVE 22 NAME 32 NAME 32 NAME 32 NAME 32 NAME 43 STREET ADDRESS 8020 HOGAN COVE DRIVE 32 NAME 33 STREET ADDRESS 8020 HOGAN COVE DRIVE 34 CITY-ST-ZIP HOGAN-LITWIN, AMY L STREET ADDRESS 8020 HOGAN COVE DRIVE 33 STREET ADDRESS 44 CITY-ST-ZIP NAME NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP DELETE 43 STREET ADDRESS CITY-ST-ZIP DELETE 44 CITY-ST-ZIP DELETE 53 STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP DELETE 44 CITY-ST-ZIP DELETE 54 CITY-ST-ZIP NAME 57 STREET ADDRESS 57 STREET AD		□ nei ete	1,1 TITL	E	64,00,199.	☐ Change	Addition	
NAME STREET ADDRESS S		ע ,		Œ				
STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32221 TITLE D NAME HOGAN, TODD W STREET ADDRESS SOLO HOGAN COVE DRIVE ACKSONVILLE FL 32221 DELETE JACKSONVILLE					NO 20184 17 1			
TITLE D DELETE 21 TITLE NAME HOGAN, TODD W STREET ADDRESS CTY-ST-ZIP JACKSONVILLE FL 32221	STREET ADDRESS					•		
HOGAN, TODD W STREET ADDRESS 8011 HOGAN COVE DRIVE 23 STREET ADDRESS CITY-ST-ZP JACKSONVILLE FI, 32221 TITLE D HOGAN-LITWIN, AMY L 32 NAME 32 NAME 33 NAME 33 NAME 34 CITY-ST-ZP JACKSONVILLE FI, 32221 DELETE 33 TITLE 1 DELETE 34 TITLE 1 DELETE 41 TITLE 1 NAME 42 NAME 43 STREET ADDRESS CITY-ST-ZP TITLE 1 DELETE 1 DELETE 1 STREET ADDRESS CITY-ST-ZP TITLE 1 STREET ADDRESS CITY-ST-ZP TITLE 1 DELETE 1 STREET ADDRESS CITY-ST-ZP TITLE 1 DELETE 1 STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZP TITLE 1 DELETE 1 STREET ADDRESS STREET A		i nei etc				☐ Change	☐ Addition	
NAME NOWES STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FI, 32221 TITLE D DELETE 3.1 TITLE 1.2 LACITY-ST-ZIP JACKSONVILLE FI, 32221 JACKSONVILLE FI, 32221 3.2 STREET ADDRESS 3.2 STREET ADDRESS 4. CITY-ST-ZIP JACKSONVILLE FI, 32221 A. CITY-ST-ZIP A. CITY-ST-ZIP JACKSONVILLE FI, 32221 A. CITY-ST-ZIP A. CITY-ST-ZIP	TITLE	ט		_	**		ļ	
STREET ADDRESS CITY-ST-ZIP Change Addition	NAME				2500		İ	
TITLE D GLETE 3.1 TITLE 3.2 NAME NAME NAME JACKSONVILLE FL 32221 DELETE 4.1 TITLE NAME NAME NAME ACTIVEST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE 5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE S.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE	STREET ADDRESS							
TITLE D HOGAN-LITWIN, AMY L 32 NAME 32 NAME 33 STREET ADDRESS CITY-ST-ZIP TITLE AMME AMME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 1 TITLE DELETE 4 TITLE Addition Change Addition TITLE NAME 52 NAME 53 STREET ADDRESS CITY-ST-ZIP TITLE NAME 53 STREET ADDRESS CITY-ST-ZIP TITLE Change Addition Change Addition Change Addition Addition Change Addition Change Addition Change Addition TITLE NAME 53 STREET ADDRESS CITY-ST-ZIP TITLE Change Addition Change Addition 14 Li 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 14 Li 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 14 Li hereby certify that the information supplied with that I am an	CITY-ST-ZIP					Change	☐ Addition	
STREET ADDRESS ### ### ### ### ### ### ### ### ### #	TITLE .	D DELETE					_	
STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32221 DELETE A1 TITLE NAME A2 NAME A3 STREET ADDRESS CITY-ST-ZIP DELETE JACKSONVILLE FL 32221 A1 TITLE A3 STREET ADDRESS CITY-ST-ZIP DELETE JACKSONVILLE FL 32221 A1 TITLE A2 NAME A3 STREET ADDRESS CITY-ST-ZIP DELETE JACKSONVILLE FL 32221 A1 CITY-ST-ZIP TITLE S2 NAME S3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE A4 CITY-ST-ZIP DELETE A4 CITY-ST-ZIP TITLE AMME A4 CITY-ST-ZIP DELETE A4 CITY-ST-ZIP A4 CITY-	NAME (A)	HOGAN-LITWIN, AMY Language of the control of the co						
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP THE GARDESS CITY-ST-ZIP T		8020(HOGAN COVE DRIVE			i			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 14. 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 and an	CITY-ST-ZIP OF	JACKSONVILLE FL 32221			<u> </u>	Change	Addition	
A3 STREET ADDRESS CITY-ST-ZIP DELETE	TITLE	METE1E					_	
STREET ADDRESS CITY-ST-ZIP DELETE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS TITLE NAME 14. 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 and purpless are lead effect as if made under path; that I am an and the same lead effect as if made under path; that I am an and the same lead effect as if made under path; that I am an and the same lead effect as if made under path; that I am an and the same lead effect as if made under path; that I am an and the same lead effect as if made under path; that I am an and the same lead effect as if made under path; that I am an and the same lead effect as if made under path; that I am an and the same lead effect as if made under path; that I am an and the same lead effect as if made under path; that I am an an and the same lead effect as if made under path; that I am an an and the same lead effect as if made under path; that I am an an an an and the same lead effect as if made under path; that I am an	NAME 1 STATE OF	The state of the s	5		1.5 (2.28.20)	\$14、翻约翻门位为商品与各类汇制	To the life	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME Addition Change Addition Addition Addition Addition Addition Addition Addition Addition Change Addition Addition Addition Addition Addition Addition Addition TITLE NAME STREET ADDRESS STREET ADDRESS ACTIY-ST-ZIP Addition Ad		1	4.3 STF	REET ADDF	RESS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS SA CITY-ST-ZIP G1 TITLE Addition 62 NAME 63 STREET ADDRESS FOR STREET ADDRESS G1 TITLE Addition 64 CITY-ST-ZIP 14. 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 and an	CITY-ST-ZIP				[A 44 1]	Change		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS SA CITY-ST-ZIP CHange Change Addition Addition Change Addition A	TITLE	DELETE				□ Otenide		
5.4 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 1. 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 14. 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 14. 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 I am an exemption stated in Section 119.07(3)(i) as it made under path; that I am an exemption stated in Section 119.07(3)(i) as it made under path; that I am an exemption stated in Section 119.07(3)(i) as it made under path; that I am an exemption stated in Section 119.07(3)(i) as it made under path; that I am an exemption stated in Section 119.07(3)(i) as it made under path; that I am an exemption stated in Section 119.07(3)(i) as it made under path; that I am an exemption stated in Section 119.07(3)(i) as it made under path; that I am an exemption stated in Section 119.07(3)(i) as it made under path; that I am an exemption stated in Section 119.07(3)(i) as it made under path; that I am an exemption stated in Section 119.07(3)(i) as it made under path; that I am an exemption stated in Section 119.07(3)(i) as it made under path; that I am an exemption stated in Section 119.07(3)(i) as it made under path; that I am an exemption stated in Section 119.07(3)(i) as it made under path; that I am an exemption stated in Section 119.07(3)(i) as it made under path; that I am an exemption stated in Section 119.07(3)(i) as it made under path; that I am an exemption stated in Section 119.07(3)(i) as it made under path; that I am an exemption stated in Section 119.07(3)(i) are it made under path; that I am an exemption stated in Section 119.07(3)(i) are it made under path; that I am an exemption stated in Section 119.	NAME							
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 14. I 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 14. I 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 14. I 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 I am an information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i).	STREET ADDRESS				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		,	
NAME STREET ADDRESS CITY-ST-ZIP 14. 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an	CITY-ST-ZIP				2.5.	Change	☐ Addition	
NAME STREET ADDRESS 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an	TITLE				1 (2) (1.6)(4.5)	☐ Criaingo		
6.3 STREET ADDRESS THE TADDRESS THE TADRESS THE TADDRESS THE TADDRES	NAME	調整性の発生を対象を						
CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 1.1. 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 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an	STREET ADDRESS	PARCE SELECTION OF THE PROPERTY OF THE PROPERT	6.3 ST	REET ADDI	RESS			
14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Finding statutes. I turner certify that I am an		\ i \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	6.4 CIT	Y-ST-ZIP		5	nformation	
	14. I hereby	certify that the information supplied with this filing does not qualif	y for the exer	nption s	stated in Section 119.07(3)(i), Florida	Statutes. I further certify that the I effect as if made under oath; that	niormation I am an	
indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have same same same same same same same sam	indicated	on this annual report or supplemental annual report is true and a	to execute th	is repor	nt as required by Chapter 617. Florida	Statutes; and that my name app	ears in	

Country

30