

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002601

1. Entity Name

HOGANS CLIFF HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90042 049 \*\*\*\*61.25

Principal Place of Business 8028 HOGAN COVE DR. JACKSONVILLE FL 32221	Mailing Address 8028 HOGAN COVE DR. JACKSONVILLE FL 32221-7603
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8028 HOGAN COVE DRIVE Suite, Apt. #, etc.	3. Mailing Address 8028 HOGAN COVE DRIVE Suite, Apt. #, etc.
JACKSONVILLE, FL City & State	JACKSONVILLE, FL City & State
Zip 32221 County DUVAL	Zip 32221 Country DUVAL

4. FEI Number 59-3498171	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOGAN, SHARON D  
 8028 HOGAN COVE DR.  
 JACKSONVILLE FL 32221

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ FL Zip Code \_\_\_\_\_

8. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOGAN, SHARON D 8028 HOGAN COVE DR. JACKSONVILLE FL 32221 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOGAN, TODD W 8011 HOGAN COVE DRIVE JACKSONVILLE FL 32221 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOGAN-LITWIN, AMY L 8020 HOGAN COVE DRIVE JACKSONVILLE FL 32221 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

(904) 786-6361

SIGNATURE: *Sharon Hogan* 1-7-2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #