

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 10, 2007  
Secretary of State**

DOCUMENT# N97000002601

Entity Name: HOGANS CLIFF HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

8028 HOGAN COVE DRIVE  
JACKSONVILLE, FL 32221

**New Principal Place of Business:**

**Current Mailing Address:**

8028 HOGAN COVE DRIVE  
JACKSONVILLE, FL 32221

**New Mailing Address:**

FEI Number: 59-3498171      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HOGAN, SHARON D  
8028 HOGAN COVE DR.  
JACKSONVILLE, FL 32221      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: D      ( ) Delete  
Name: HOGAN, SHARON D  
Address: 8028 HOGAN COVE DR.  
City-St-Zip: JACKSONVILLE, FL 32221

Title: D      ( ) Delete  
Name: HOGAN, TODD W  
Address: 8011 HOGAN COVE DRIVE  
City-St-Zip: JACKSONVILLE, FL 32221

Title: D      ( ) Delete  
Name: HOGAN-LITWIN, AMY L  
Address: 8020 HOGAN COVE DRIVE  
City-St-Zip: JACKSONVILLE, FL 32221

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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. HOGAN

PRES

01/10/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date