2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9700002601

1. Entity Name

HOGANS CLIFF HOMEOWNERS ASSOCIATION, INC.



FILED Jan 09, 2003 8:00 am Secretary of State

01-09-2003 90037 026 ****61.25

Principal Place	e of Business	Mailing	Address	···						
8028 HOGAN COVE DRIVE JACKSONVILLE FL 32221			8028 HOGAN COVE DRIVE JACKSONVILLE FL 32221							
2. Principal Place of Business			3. Mailing Address							
8028 Hogan Cove Drive			8028 Hogan Cove Drive Suite, Apt. #, etc.							
Suite, Apt.	#, etc.	Sun	ie, Api. #, eic.			∐ Сн	ECK HERE IF MAKING	CHANGES		
City & State			City & State			4. FEI Number 59-3	3498171		plied For	
Jacksonville, FL			Jacksonville, FI			Not Applicable \$8.75 Additional				
Zip	Country	322		Cou Duv	·_	5. Certificate of Statu		i 6./5 Add ee Required		
3222	1 Duval 6. Name and Address of Current			Duy	<u>aı</u>	7. Name and Addre	ss of New Registered A	gent		
	O. Hallio and realises of our can	9			Name					
HOGAN_	SHARON-D				Street Address	(P.O. Box Number is No	t Acceptable)			
8028 HOC	GAN COVE DR.					·				
JACKSON	IVILLE FL 32221									ŀ
					City		FL	Zip Code	e (İ
8. The above	named entity submits this statement for	or the purpo	ose of changing its	registere	ed office or regist	ered agent, or both, in the	e State of Florida. I am fa	miliar with,	and accept	ĺ
	ions of registered agent.									ĺ
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SIGNATURE.	Signature, typed or printed name of registered agen	t and title if appl	icable. (NOT	E: Registere	d Agent signature requir	red when reinstating)	DATE			
		- 1								}
1	FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State				
10.	OFFICERS AND D	IRECTORS		11.		ADDITIONS/CHANGES	TO OFFICERS AND DIR	ECTORS IN	10	_
TITLE	D		☐ Delete	TITLE				☐ Change	☐ Addition	5
NAME	HOGAN, SHARON D			NAM	-					111
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	JACKSONVILLE FL 32221			-						ç
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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: AMONDATURE

1-7-03Sharon D. Hogan, Director

CR2E037 (10/02)