I hereby 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 all other like empowered.

SIGNATURE: SHARON HOGAN

Electronic Signature of Signing Officer/Director Detail

Of Tit N, TODD W Na Ado SONVILLE FL 32221 Citv

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.

Electronic Signature of Registered Agent

D

HOGAN-LITWIN, AMY L

8020 HOGAN COVE DRIVE

JACKSONVILLE FL 32221

SIGNATURE:

Title

I

Name

Address City-State-Zip:

fficer/Director Detail :				
tle	D	Title	D	
ame	HOGAN, SHARON D	Name	HOGAN	
ddress	8028 HOGAN COVE DR.	Address	8011 H	
ity-State-Zip:	JACKSONVILLE FL 32221	City-State-Zip:	JACKS	

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9700002601

Entity Name: HOGANS CLIFF HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

8028 HOGAN COVE DRIVE JACKSONVILLE, FL 32221

Current Mailing Address:

8028 HOGAN COVE DRIVE JACKSONVILLE, FL 32221

FEI Number: 59-3498171

Name and Address of Current Registered Agent:

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

FILED Jan 19, 2023 Secretary of State 5480994176CC

Certificate of Status Desired: No

IOGAN COVE DRIVE

DIRECTOR

01/19/2023

Date

Date