

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000002601

**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

**Certificate of Status Desired:** No

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

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

*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

**Officer/Director Detail :**

Title D  
Name HOGAN, SHARON D  
Address 8028 HOGAN COVE DR.  
City-State-Zip: JACKSONVILLE FL 32221

Title D  
Name HOGAN, TODD W  
Address 8011 HOGAN COVE DRIVE  
City-State-Zip: JACKSONVILLE FL 32221

Title D  
Name HOGAN-LITWIN, AMY L  
Address 8020 HOGAN COVE DRIVE  
City-State-Zip: JACKSONVILLE FL 32221

*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 D. HOGAN

D

01/14/2014

Electronic Signature of Signing Officer/Director Detail

Date