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

## С

I

Officer/Director Detail :					
Title	D	Title	D		
Name	HOGAN, SHARON D	Name	HOGAN, TODD W		
Address	8028 HOGAN COVE DR.	Address	8011 HOGAN COVE DRIVE		
City-State-Zip:	JACKSONVILLE FL 32221	City-State-Zip:	JACKSONVILLE FL 32221		
Title	D				
Name	HOGAN-LITWIN, AMY L				
Address	8020 HOGAN COVE DRIVE				
City-State-Zip:	JACKSONVILLE FL 32221				

#### 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:

8028 HOGAN COVE DRIVE JACKSONVILLE, FL 32221

# FEI Number: 59-3498171

# Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

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

**Current Principal Place of Business:** 8028 HOGAN COVE DRIVE JACKSONVILLE, FL 32221

**Current Mailing Address:** 

DOCUMENT# N9700002601

## 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: HOGANS CLIFF HOMEOWNERS ASSOCIATION, INC.

# Certificate of Status Desired: No

**REGISTERED AGENT** 

01/16/2015 Date

Date

## FILED Jan 16, 2015 Secretary of State CC9090472782