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

I

City-State-Zip: JACKSONVILLE FL 32221

Electronic Signature of Signing Officer/Director Detail

SIGNATURE:

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

Entity Name: HOGANS CLIFF HOMEOWNERS ASSOCIATION, INC.

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

8028 HOGAN COVE DRIVE JACKSONVILLE, FL 32221

DOCUMENT# N9700002601

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

> E DRIVE L 32221

С

D

Certificate of Status Desired: No

FILED Jan 10, 2017 Secretary of State CC1712969957

> 01/10/2017 Date

Date

Electronic Signature of 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.