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

Officer/Director Detail :

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

SIGNATURE:

I

	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		
	ony orate zip.			

FEI Number: 59-3498171

Name and Address of Current Registered Agent:

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

DOCUMENT# N9700002601

8028 HOGAN COVE DRIVE JACKSONVILLE, FL 32221

Current Mailing Address: 8028 HOGAN COVE DRIVE JACKSONVILLE, FL 32221

Current Principal Place of Business:

Entity Name: HOGANS CLIFF HOMEOWNERS ASSOCIATION, INC.

FILED Feb 08, 2019 Secretary of State 4831879412CC

Certificate of Status Desired: No

Date

Date

02/08/2019