

DOCUMENT # N94000002215

1. Entity Name

HOGAN CREEK TOWERS RESIDENT COUNCIL, INC.

Principal Place of Business

Mailing Address

1320 BROAD APT 1004
JACKSONVILLE FL 32202
US

1320 BROAD APT 1004
JACKSONVILLE FL 32202
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3261369

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOGAN CREEK RESIDENT COUNCIL
1320 BROAD ST APT 1004
JACKSONVILLE FL 32202

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Emma Lou Adams

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-8-2001

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete

NAME ADAMS, EMINA LOU
STREET ADDRESS 1320 BROAD ST
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE PD ☐ Delete

NAME WILLIAMS, ELOUISE
STREET ADDRESS 1320 BROAD ST
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE RS ☐ Delete

NAME HOLMES, WILLIE
STREET ADDRESS 1320 BROAD ST
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE FS ☐ Delete

NAME WATKINS, JOHNNY
STREET ADDRESS 1320 BROAD STREET
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE T ☐ Delete

NAME TISDOL, DOROTHY
STREET ADDRESS 1320 BROAD STREET
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE C ☒ Delete

NAME WILSON, BEULAH
STREET ADDRESS 1320 BROAD STREET
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition

NAME LEWIS, LEILA
STREET ADDRESS 1320 BROAD ST.
CITY-ST-ZIP JACKSONVILLE FL 32202

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address; with all other like empowered.

SIGNATURE:

Emma Lou Adams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-8-01 3542879

FILED
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90011 004 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)