SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Oct 08 1998 8:00am
Secretary of State

DOCUMENT # N97000001725 (7)

1. Corporation Name

THE GREATER HOGAN AREA NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2619 PARENTAL HOME ROAD #4 JACKSONVILLE FL 32216	2619 PARENTAL HOME ROAD #4 JACKSONVILLE FL 32216

3. Date Incorporated or Qualified: 03/24/1997
4. FEI Number: [ ] Applied For [✓] Not Applicable
5. Certificate of Status Desired: [ ] **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: [ ] **$5.00** May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? [ ] Yes [✓] No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. [ ] Yes [ ] No

21 Principal Place of Business	22 Suite, Apt. #, etc.	23 City & State	24 Zip	25 Country

26 Mailing Address	27 Suite, Apt. #, etc.	28 City & State	29 Zip	30 Country

9. **Name and Address of Current Registered Agent**

MACLEAN, MARK B
2619 PARENTAL HOME ROAD #4
JACKSONVILLE FL 32216

10. **Name and Address of New Registered Agent**

81 Name

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

83

84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE: _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D/P	[ ] DELETE
NAME	HERB ELLIS	
STREET ADDRESS	1965 PARENTAL HOME ROAD	
CITY-ST-ZIP	JACKSONVILLE, FL 32216	
TITLE	D/V	[ ] DELETE
NAME	DIANE ELLIS	
STREET ADDRESS	1965 PARENTAL HOME ROAD	
CITY-ST-ZIP	JACKSONVILLE, FL 32216	
TITLE	D/S	[ ] DELETE
NAME	VICTOR HARROLD	
STREET ADDRESS	8325 BASCOM ROAD	
CITY-ST-ZIP	JACKSONVILLE, FL 32216	
TITLE	D/T	[ ] DELETE
NAME	MARY LOU HARROLD	
STREET ADDRESS	8325 BASCOM ROAD	
CITY-ST-ZIP	JACKSONVILLE, FL 32216	
TITLE	D	[ ] DELETE
NAME	JAMES ANDERSON	
STREET ADDRESS	8262 HOGAN ROAD	
CITY-ST-ZIP	JACKSONVILLE, FL 32216	
TITLE	D	[ ] DELETE
NAME	JAMES PARKS	
STREET ADDRESS	1966 JASON SCOTT DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32216	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	[ ] Change [✓] Addition
1.2 NAME	RALPH SOFFY	
1.3 STREET ADDRESS	2532 LORBERG DRIVE	
1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32216	
2.1 TITLE	D	[ ] Change [✓] Addition
2.2 NAME	GERI JOHNSON	
2.3 STREET ADDRESS	2042 MILLS ROAD	
2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32216	
3.1 TITLE	D	[ ] Change [✓] Addition
3.2 NAME	MARK MACLEAN	
3.3 STREET ADDRESS	2619 PARENTAL HOME ROAD #4	
3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32216	
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E037 (5/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ MARK B. MacLean 9/25/98 904 359 6235
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #