

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000001725

1. Corporation Name

THE GREATER HOGAN AREA NEIGHBORHOOD ASSOCIATION,
INC.

Principal Place of Business

2619 PARENTAL HOME ROAD #4
JACKSONVILLE FL 32216

Mailing Address

2619 PARENTAL HOME ROAD #4
JACKSONVILLE FL 32216

FILED

99 OCT 25 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	03/24/1997
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	APPLIED FOR 59-3459964
24 Country	29 Country	Applied For
	30	Not Applicable
5. Certificate of Status Desired		\$8.75 Additional Fee Required
6. Election Campaign Financing		\$5.00 May Be Added to Fees
Trust Fund Contribution		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Mark B. MacLean

10/11/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DT
NAME	ELLIS, HERB	1.2 NAME	MARY LOU HARROLD
STREET ADDRESS	1965 PARENTAL HOME ROAD	1.3 STREET ADDRESS	8325 BASCOM ROAD
CITY-ST-ZIP	JACKSONVILLE FL 32216	1.4 CITY-ST-ZIP	JACK, FL 32216
TITLE	DV	2.1 TITLE	D
NAME	ELLIS, DIANE	2.2 NAME	GARI JOHNSON
STREET ADDRESS	1965 PARENTAL HOME ROAD	2.3 STREET ADDRESS	2042 MULLEN RD.
CITY-ST-ZIP	JACKSONVILLE FL 32216	2.4 CITY-ST-ZIP	JACK, FL 32216
TITLE	DS	3.1 TITLE	D
NAME	HARROLD, VICTOR	3.2 NAME	RALPH SAFFY
STREET ADDRESS	8325 BASCOM ROAD	3.3 STREET ADDRESS	2532 LOFBERG DRIVE
CITY-ST-ZIP	JACKSONVILLE FL 32216	3.4 CITY-ST-ZIP	JACK, FL 32216
TITLE	D	4.1 TITLE	D
NAME	ANDERSON, JAMES	4.2 NAME	MARK MACLEAN
STREET ADDRESS	8265 HOGAN ROAD	4.3 STREET ADDRESS	2619 PARENTAL HOME RD, #4
CITY-ST-ZIP	JACKSONVILLE FL 32216	4.4 CITY-ST-ZIP	JACK, FL 32216
TITLE	D	5.1 TITLE	
NAME	PARKS, JAMES	5.2 NAME	
STREET ADDRESS	1966 JASON SCOTT DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32216	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	SAFFY, RALPH	6.2 NAME	
STREET ADDRESS	2532 LOFBERG DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32216	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

Mark B. MacLean

Date

Daytime Phone