

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001725

FILED  
Jun 28, 2004  
Secretary of State

**Entity Name:** THE GREATER HOGAN AREA NEIGHBORHOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

2619 PARENTAL HOME ROAD #4  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

2532 LOFBERG DRIVE  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

PO BOX 551108  
JACKSONVILLE, FL 32255

**New Mailing Address:**

**FEI Number:** 59-3459964      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New 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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: ELLIS, HERB  
Address: 1965 PARENTAL HOME ROAD  
City-St-Zip: JACKSONVILLE, FL 32216

Title: D ( ) Delete  
Name: MACLEAN, MARK B  
Address: 2619 PARENTAL HOME ROAD  
City-St-Zip: JACKSONVILLE, FL 32216

Title: VD ( ) Delete  
Name: HARROLD, VICTOR  
Address: 8325 BASCOM ROAD  
City-St-Zip: JACKSONVILLE, FL 32216

Title: D (X) Delete  
Name: ANDERSON, JAMES  
Address: 8265 HOGAN ROAD  
City-St-Zip: JACKSONVILLE, FL 32216

Title: D ( ) Delete  
Name: ANDERSON, JAMES E  
Address: 8262 HOGAN ROAD  
City-St-Zip: JACKSONVILLE, FL 32216

Title: D ( ) Delete  
Name: SAFFY, RALPH  
Address: 2532 LOFBERG DRIVE  
City-St-Zip: JACKSONVILLE, FL 32216

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: MARK B. MACLEAN

D

06/28/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date