

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001725

FILED  
Sep 06, 2006  
Secretary of State

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

**Current Principal Place of Business:**

2532 LOFBERG DRIVE  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 551108  
JACKSONVILLE, FL 32255

**New Mailing Address:**

2358 MILLS ROAD  
JACKSONVILLE, FL 32216

**FEI Number:** 59-3459964      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

MACLEAN, MARK B  
3835 HENDRICKS AVENUE  
JACKSONVILLE, FL 32207      US

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

MACLEAN, MARK B  
2033 FLEHSEY AVENUE  
JACKSONVILLE, FL 32207      US

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: \_\_\_\_\_

09/06/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP      ( ) Delete  
Name: GRIFFIS, SUSAN  
Address: 2358 MILLS 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: TD      ( ) Delete  
Name: HARROLD, MARY LOU  
Address: 8325 BASCOM ROAD  
City-St-Zip: JACKSONVILLE, FL 32216

Title: DVP      ( ) Delete  
Name: JOHNSON, GERI  
Address: 2042 MILLS 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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

09/06/2006

Electronic Signature of Signing Officer or Director

Date