

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001725

FILED  
Apr 30, 2012  
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:**

2358 MILLS ROAD  
JACKSONVILLE, FL 32216

**New Mailing Address:**

**FEI Number:** 59-3459964

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

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

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

MACLEAN, MARK B ESQ  
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: MARK B MACLEAN, ESQ

04/30/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: GRIFFIS, SUSAN  
Address: 2358 MILLS ROAD  
City-St-Zip: JACKSONVILLE, FL 32216

Title: D  
Name: MACLEAN, MARK B  
Address: 2033 FLEHSEY AVENUE  
City-St-Zip: JACKSONVILLE, FL 32207

Title: DVP  
Name: JOHNSON, GERI  
Address: 2042 MILLS ROAD  
City-St-Zip: JACKSONVILLE, FL 32216

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

Title: TD  
Name: SMITH, FRANCIS  
Address: 8300 HOGAN ROAD  
City-St-Zip: JACKSONVILLE, FL 32216

I hereby 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 all other like empowered.

SIGNATURE: MARK B MACLEAN, ESQ

D

04/30/2012

Electronic Signature of Signing Officer or Director

Date