

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

RECEIVED AND FILED

195 MAY -1 AM 10:15

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 766084 (8)

1. Corporation Name

HIBERNIA FOREST CMC ASSOC. INC.

Principal Place of Business

Mailing Address

770 HIBERNIA FOREST DR.
GREEN COVE SPRINGS FL 32043-6338
US

770 HIBERNIA FOREST DR.
GREEN COVE SPRINGS FL 32043-6338
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/13/1982
3a. Date of Last Report 04/20/1994

4. FEI Number 59-2365667
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 872 LIVE OAK LANE

26 872 LIVE OAK LANE

22 Suits, Apt. #, etc.

27 Suits, Apt. #, etc.

23 City & State

28 GREEN COVE SPRINGS FL

24 Zip 32043

29 32043

30 DAY

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MERCER, CAROLYN B.
752 HIBERNIA FOREST DRIVE
GREEN COVE SPRINGS FL 32043-6338

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE CAROLYN B. MERCER DATE 4-27-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOVIN, DENISE	12 NAME	JOHN T. FARRINGTON
STREET ADDRESS	765 HIBERNIA FOREST DRIVE	13 STREET ADDRESS	770 HIBERNIA FOREST DRIVE
CITY-ST-ZIP	GREEN COVE SPRINGS FL	14 CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043
TITLE	V	21 TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STACY, HERSCHEL	22 NAME	JAMES CUNNINGHAM
STREET ADDRESS	1004 LIVE OAK LANE	23 STREET ADDRESS	872 LIVE OAK LANE
CITY-ST-ZIP	GREEN COVE SPRINGS FL	24 CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043
TITLE	T	31 TITLE	TREASURY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARRINGTON, MARGARET L.	32 NAME	SONYA CUNNINGHAM
STREET ADDRESS	770 HIBERNIA FOREST DR.	33 STREET ADDRESS	872 LIVE OAK LANE
CITY-ST-ZIP	GREEN COVE SPRINGS FL	34 CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043
TITLE	D	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERCER, JOHN	42 NAME	CHRISTIE M. FITZGERALD
STREET ADDRESS	752 HIBERNIA FOREST DR.	43 STREET ADDRESS	7403 FLEMING ISLAND ROAD
CITY-ST-ZIP	GREEN COVE SPRINGS FL	44 CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043
TITLE	D	51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSHALL, ROBERT	52 NAME	ROSE WILLIAMS
STREET ADDRESS	885 LIVE OAK LANE	53 STREET ADDRESS	770 HIBERNIA FOREST DRIVE
CITY-ST-ZIP	GREEN COVE SPRINGS FL	54 CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043
TITLE	D	61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLSON, MARTHA	62 NAME	BARRY VERSCHLEISER
STREET ADDRESS	824 LIVE OAK LN	63 STREET ADDRESS	982 HIBERNIA FOREST DRIVE
CITY-ST-ZIP	GREEN COVE SPRINGS FL	64 CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043

REMITTED BY MAIL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: Margaret L. Farrington MARGARET L. FARRINGTON DATE 4-27-95

(104) 284-3714