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FILED  
May 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 766084 (8)  
1. Corporation Name  
HIBERNIA FOREST CIVIC ASSOC. INC.



Principal Place of Business Mailing Address  
770 HIBERNIA FOREST DR.  
GREEN COVE SPRINGS FL 32043-6338  
US  
872 LIVE OAK LANE  
GREEN COVE SPRINGS FL 32043-9381  
US

3. Date Incorporated or Qualified 12/13/1982  
3a. Date of Last Report 05/01/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2365667	Applied For <input type="checkbox"/> Not Applicable
21 Sulte, Apt. #, etc.	26 Sulte, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip Country	28 Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 Zip	25 Country	29 Zip	30 Country

9. Name and Address of Current Registered Agent MERCER, CAROLYN B. 752 HIBERNIA FOREST DRIVE GREEN COVE SPRINGS FL 32043-6338	10. Name and Address of New Registered Agent 81 Name James Cunningham 82 Street Address (P.O. Box Number is Not Acceptable) 872 Live Oak Lane 83 Green Cove Springs 84 City FL 85 Zip Code 32043
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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 *James Cunningham* DATE 7/24/93  
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P NAME CUNNINGHAM, JAMES STREET ADDRESS 872 LIVE OAK LANE CITY-ST-ZIP GREEN COVE SPRINGS FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P 1.2 NAME Anthony Maestas 1.3 STREET ADDRESS 7478 Fleming Island Dr 1.4 CITY-ST-ZIP Green Cove Springs FL 32043	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME VERSCHLEISER, BARRY STREET ADDRESS 983 HIBERNIA FOREST DR CITY-ST-ZIP GREEN COVE SPRINGS FL	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME CUNNINGHAM, SONYA STREET ADDRESS 872 LIVE OAK LANE CITY-ST-ZIP GREEN COVE SPRINGS FL	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME JOHNSON, JAMES STREET ADDRESS 884 LIVE OAK LANE CITY-ST-ZIP GREEN COVE SPRINGS FL	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME LAWRENCE, PAULINE STREET ADDRESS 1005 HIBERNIA FOREST DR CITY-ST-ZIP GREEN COVE SPRINGS FL	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME SETTLE, JULIE STREET ADDRESS 1008 HIBERNIA FOREST DR CITY-ST-ZIP GREEN COVE SPRINGS FL	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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.

SIGNATURE *James Cunningham* *4/24/93*

CR2E037 (9/96)