

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

02-05-2004 90017 036 ***236.25

04-29-2004 90348 076 ****70.00

DOCUMENT # 766084

1. Entity Name
HIBERNIA FOREST CMC ASSOC. INC.



04 MAY 12 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7408 FLEMING ISLAND DRIVE
GREEN COVE SPRINGS FL 32043
US

Mailing Address
7408 FLEMING ISLAND DRIVE
GREEN COVE SPRINGS FL 32043
US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country



CHECK HERE IF MAKING CHANGES **03-04**

4. FEI Number **59-2365667** Applied For Not Applicable

8. Certificate of Status Desired \$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent
CARNELL, FELICIA
7408 FLEMING ISLAND DRIVE
GREEN COVE SPRINGS FL 32043

7. Name and Address of New Registered Agent
Name **Regina Martinez**
Street Address (P.O. Box Number is Not Acceptable)
507 HIBERNIA FOREST DR
City **Green Cove Springs** FL Zip Code **32043**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Felicia Carnell* *Regina Martinez* **4-21-04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE
old President *new President*

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARNELL, FELICIA 7408 FLEMING ISLAND DRIVE GREEN COVE SPRINGS FL 32043	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CARLSON, RANDY 824 LIVE OAK GREEN COVE SPRINGS FL 32043	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FARRINGTON, MMAGGIE 770 HIBERNIA FOREST DRIVE GREEN COVE SPRINGS FL 32043	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT NELSON, DANNY 752 HIBERNIA FOREST DRIVE GREEN COVE SPRINGS FL 32043	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDERS, RICHARD 872 LIVE OAK LANE GREEN COVE SPRINGS FL 32043	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHEELER, EARL 808 LIVE OAK LANE GREEN COVE SPRINGS FL 32043	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Regina Martinez 507 HIBERNIA FOREST DR Green Cove Springs, FL 32043	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Bette Carnell 955 LIVE OAK LANE Green Cove Springs, FL 32043	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Rose Williams 790 HIBERNIA FOREST DR. Green Cove Springs, FL 32043	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Shirley Slagle 926 LIVE OAK LANE Green Cove Springs, FL 32043	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kathy Ellmaker 860 LIVE OAK LANE Green Cove Springs, FL 32043	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Felicia Carnell* *Regina Martinez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **2/3/04** 904-489-1998 Daytime Phone #

Regina C. Martinez *Regina C. Martinez* **4-21-04** 904-529-8669

CR2E037 (4/03)