

**6 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 09, 2006 8:00 am**  
**Secretary of State**

03-09-2006 90164 004 \*\*\*\*70.00

DOCUMENT # 766084

1. Entity Name

HIBERNIA FOREST CIVIC ASSOC. INC.



Principal Place of Business

807 HIBERNIA FOREST DR  
GREEN COVE SPRINGS FL 32043  
US

Mailing Address

807 HIBERNIA FOREST DR  
GREEN COVE SPRINGS FL 32043  
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2365667

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTINEZ, REGINA  
807 HIBERNIA FOREST DR  
GREEN COVE SPRINGS FL 32043

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MARTINEZ, REGINA	
STREET ADDRESS	807 HIBERNIA FOREST DR	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	

TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	CARLSON, RANDY	
STREET ADDRESS	824 LIVE OAK	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	

TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	CARNELL, BETTE	
STREET ADDRESS	955 LIVE OAK LANE	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	

TITLE	DT	<input type="checkbox"/> Delete
NAME	WILLIAMS, ROSE	
STREET ADDRESS	790 HIBERNIA FOREST DR	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32034-3	

TITLE	D	<input type="checkbox"/> Delete
NAME	SLAGLE, SHIRLEY	
STREET ADDRESS	926 LIVE OAK LANE	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	

TITLE	D	<input type="checkbox"/> Delete
NAME	ELLMAKER, KATHY	
STREET ADDRESS	860 LIVE OAK LANE	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DVP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Frost John	
STREET ADDRESS	1740 HIBERNIA Forest Dr	
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043	

TITLE	DS	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FARRINGTON, Maggie	
STREET ADDRESS	770 HIBERNIA FOREST DR.	
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Regina Martinez* Regina Martinez 1-20-06 904-529-8669