


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2007 8:00 am
Secretary of State

02-02-2007 90009 029 ****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
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1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-2365667	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
MARTINEZ, REGINA 807 HIBERNIA FOREST DR GREEN COVE SPRINGS FL 32043	

7. Name and Address of New Registered Agent	
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 address of registered agent and title is acceptable. (NOTE: Registered Agent signature required when registering.) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD MARTINEZ, REGINA 807 HIBERNIA FOREST DR GREEN COVE SPRINGS FL 32043 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DVP FROST, JOHN 740 HIBERNIA FOREST DR GREEN COVE SPRINGS FL 32043 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DS FARRINGTON, MAGGIE 770 HIBERNIA FOREST DR GREEN COVE SPRINGS FL 32043 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DT WILLIAMS, ROSE 790 HIBERNIA FOREST DR GREEN COVE SPRINGS FL 32034-3 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SLAGLE, SHIRLEY 926 LIVE OAK LANE GREEN COVE SPRINGS FL 32043 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ELLMAKER, KATHY 860 LIVE OAK LANE GREEN COVE SPRINGS FL 32043 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D CARLSON, MARTHA 824 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 OTERO, ELIZABETH 811 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 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 1-22-07 904-529-8669
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #