

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90003 002 ****70.00

DOCUMENT # 766084
1. Entity Name
HIBERNIA FOREST CIVIC ASSOC. INC.




Principal Place of Business Mailing Address
**807 HIBERNIA FOREST DR
GREEN COVE SPRINGS FL 32043
US** **807 HIBERNIA FOREST DR
GREEN COVE SPRINGS FL 32043
US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country


1st MOORE CR2E037 (10/07)
4. FEI Number Applied For
59-2365667 Not Applicable
5. Certificate of Status Desired **\$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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

**FILE NOW - FEE IS \$61.25
Due By May 1, 2008**

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 type="checkbox"/> Delete
NAME	FROST, JOHN	
STREET ADDRESS	740 HIBERNIA FOREST DR	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	FARRINGTON, MAGGIE	
STREET ADDRESS	770 HIBERNIA FOREST DR	
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 checked="" type="checkbox"/> Delete
NAME	CARLSON, MARTHA	
STREET ADDRESS	824 LIVE OAK LN	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	
TITLE	D	<input type="checkbox"/> Delete
NAME	OTERO, ELIZABETH	
STREET ADDRESS	811 LIVE OAK LN	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carlson, Martha	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	824 Live Oak LN	
CITY-ST-ZIP	Green Cove Springs, FL 32043	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wynn, Linda	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	812 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		

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 1-31-08 (904) 529-8669