FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **N32499** **(8)**

1. Corporation Name

HIBERNIA PLANTATION HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

HIBERNIA PL. HOMEOWNERS ASSOC.
P.O. BOX 1188
GREEN COVE SPRINGS FL 32043
US

Mailing Address

HIBERNIA PL. HOMEOWNERS ASSOC.
P.O. BOX 1188
GREEN COVE SPRINGS FL 32043
US

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 05/25/1989

3a. Date of Last Report: 05/01/1995

4. FEI Number: 59-2975342 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RIOS, LUIS E JR
2409 STOCKTON DRIVE
HIBERNIA PLANTATION ON THE ST. JOHNS
GREEN COVE SPRINGS FL 32043

10. Name and Address of New Registered Agent

81 Name: Bobbie B. Kirk
82 Street Address (P.O. Box Number is Not Acceptable): 2284 Stockton Dr.
83 Green Cove Springs
84 City: FL 85 Zip Code: 32043

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: Bobbie B. Kirk — Bobbie B. Kirk — 4-16-96
Signature (typed or printed name of registered agent and the date signed) — (If filed, Registered Agent signature required when resigning) — DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	STRAUSS, GARY	
STREET ADDRESS	2380 STOCKTON DRIVE	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	
TITLE	T	☒ DELETE
NAME	RIOS, LUIS E JR	
STREET ADDRESS	2409 STOCKTON DRIVE	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	
TITLE	D	☒ DELETE
NAME	DAWSON, BILL	
STREET ADDRESS	2388 SHAWNA LANE	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	
TITLE	D	☒ DELETE
NAME	MAY, JERRY	
STREET ADDRESS	1492 KATHLEEN WAY	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	
TITLE	D	☒ DELETE
NAME	STANDISH, CURT	
STREET ADDRESS	1496 SCARLETT WAY	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	
TITLE		☒ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☐ Change ☐ Addition
1.2 NAME	Jerry May	
1.3 STREET ADDRESS	1492 Kathleen Way	
1.4 CITY-ST-ZIP	Green Cove Springs, Fl. 32043	
2.1 TITLE	T	☐ Change ☐ Addition
2.2 NAME	Bobbie B. Kirk	
2.3 STREET ADDRESS	2284 Stockton Dr.	
2.4 CITY-ST-ZIP	Green Cove Springs, Fl. 32043	
3.1 TITLE	D	☐ Change ☐ Addition
3.2 NAME	Jimmy Barker	
3.3 STREET ADDRESS	1483 Bridgette Way	
3.4 CITY-ST-ZIP	Green Cove Springs, Fl 32043	
4.1 TITLE	D	☐ Change ☐ Addition
4.2 NAME	Mark Spaulding	
4.3 STREET ADDRESS	2356 Stockton Dr.	
4.4 CITY-ST-ZIP	Green Cove Springs, Fl. 32043	
5.1 TITLE	D	☐ Change ☐ Addition
5.2 NAME	Brenda Prudhomme	
5.3 STREET ADDRESS	6110 Bermuda	
5.4 CITY-ST-ZIP	Orange Park, Fl 32073	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Bobbie B. Kirk — Bobbie B. Kirk — 4-16-96 — 904-284-3459
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #