

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N32499** (8)

1. Corporation Name  
**HIBERNIA PLANTATION HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**HIBERNIA PL. HOMEOWNERS ASSOC.  
P.O. BOX 1188  
GREEN COVE SPRINGS FL 32043  
US**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 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 and Typed or Printed Name of Registered Agent (Typed or Printed Name of Registered Agent is Required)

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	Terry May	1492 Kathleen Way	Green Cove Springs, FL 32043	<input type="checkbox"/>
T	Bobbie B. Kirk	2284 Stockton Dr.	Green Cove Springs, FL 32043	<input type="checkbox"/>
D	Timmy Banker	1483 Bridgette Way	Green Cove Springs, FL 32043	<input type="checkbox"/>
D	Mark Spaulding	2356 Stockton Dr.	Green Cove Springs, FL 32043	<input type="checkbox"/>
D	Brenda Prudhomme	6110 Bermuda	Orange Park, FL 32067	<input type="checkbox"/>

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** 4-16-96 904-2843459  
Signature and Typed or Printed Name of Signing Officer or Director

CR2E037 (12/95)