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FILED
May 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32043-1188 US
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3. Date Incorporated or Qualified 05/25/1989	3a. Date of Last Report 04/19/1996
4. FEI Number 59-2975342	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	\$5.00 May Be Added to Fees
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**BOBBIE B KIRK
2284 STOCKTON DRIVE
HIBERNIA PLANTATION ON THE ST. JOHNS
GREEN COVE SPRINGS FL 32043**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JERRY MAY	
STREET ADDRESS	1492 KATHLEEN WAY	
CITY-ST-ZIP	GREEN COVE SPRINGS FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BOBBIE B KIRK	
STREET ADDRESS	2284 STOCKTON DR	
CITY-ST-ZIP	GREEN COVE SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JIMMY BARKER	
STREET ADDRESS	1483 BRIDGETTE WAY	
CITY-ST-ZIP	GREEN COVE SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARK SPAULDING	
STREET ADDRESS	2358 STOCKTON DRIVE	
CITY-ST-ZIP	GREEN COVE SPRINGS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BRENDA PRUDHOMME	
STREET ADDRESS	6110 BERMUDA	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	TIM FLANAGAN	
1.3 STREET ADDRESS	2305 Stockton Drive	
1.4 CITY-ST-ZIP	Green Cove Springs, FL 32043	
2.1 TITLE	Vice President - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Michael Hirrell	
2.3 STREET ADDRESS	2375 Bridgette Way	
2.4 CITY-ST-ZIP	Green Cove Springs, FL	
3.1 TITLE	Secretary - D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Jim Barker	
3.3 STREET ADDRESS	1483 Bridgette Way	
3.4 CITY-ST-ZIP	Green Cove Springs, FL 32043	
4.1 TITLE	Treasurer - T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Bobbie B Kirk	
4.3 STREET ADDRESS	2284 Stockton Dr	
4.4 CITY-ST-ZIP	Green Cove Springs, FL 32043	
5.1 TITLE	Eduard Pineiro - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Eduard Pineiro	
5.3 STREET ADDRESS	1484 Scarlett Way	
5.4 CITY-ST-ZIP	Green Cove Springs, FL 32043	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 DATE: 4-26-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2037 (9/96)