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Secretary of State

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BOOK 17

NONPROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N32499

1. Corporation Name  
HIBERNIA PLANTATION HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business  
2215 EAST SR 200  
YULEE FL 32097  
US

Mailing Address  
PO BOX 1987  
YULEE FL 32041-987  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/25/1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2975342	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
POWELL, TERRELL J 2215 EAST SR 200 YULEE FL 32097				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD <del>DELETE</del>	1.1 TITLE	PD	Change	<input checked="" type="checkbox"/> Addition
NAME	PINEIRO, ED	1.2 NAME	RANDY WILDER		
STREET ADDRESS	1484 SCARLETT WAY	1.3 STREET ADDRESS	2368 STOCKTON DR		
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	1.4 CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043		
TITLE	VD <del>DELETE</del>	2.1 TITLE	VPD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WATSON, LYNN	2.2 NAME	EMORY LARIMORE		
STREET ADDRESS	2371 BRIDGETTE WAY	2.3 STREET ADDRESS	1486 KATHLEEN WAY		
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	2.4 CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043		
TITLE	SD <del>DELETE</del>	3.1 TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MILLS, KATHI	3.2 NAME	SUSAN MERRITT		
STREET ADDRESS	2401 MOLLY LANE	3.3 STREET ADDRESS	2362 STOCKTON DR		
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	3.4 CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043		
TITLE	TD <del>DELETE</del>	4.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WILDER, RANDY	4.2 NAME	LYNN LISKE		
STREET ADDRESS	2368 STOCKTON DR	4.3 STREET ADDRESS	2397 SHAWNA LANE		
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	4.4 CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043		
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	STOCKTON, CHRIS	5.2 NAME	RON PRUDHOMME		
STREET ADDRESS	2269 STOCKTON DR	5.3 STREET ADDRESS	1485 KATHLEEN WAY		
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	5.4 CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043		
TITLE	VD <del>DELETE</del>	6.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	KIRILOFF, ELIZABETH	6.2 NAME	JEFF WEST		
STREET ADDRESS	1496 KATHLEEN WAY	6.3 STREET ADDRESS	2435 STOCKTON DR		
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	6.4 CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043		

14. I 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, with all other like empowered.

SIGNATURE: Katherine Harris DATE: 3-4-99 DAYTIME PHONE: 904-730-9360

CR2E037 (11/98)