

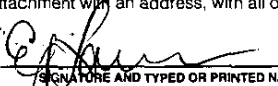


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90028 027 ****61.25

DOCUMENT # N32499 1. Entity Name HIBERNIA PLANTATION HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1839 HARBOR ISLAND DR. ORANGE PARK, FL 32003 US				Mailing Address 1177 PARK AVE., STE. 5, NO. 196 ORANGE PARK, FL 32073	
2. Principal Place of Business 1008 Oak Avenue Suite, Apt. #, etc. Orange Park, FL		3. Mailing Address Same Suite, Apt. #, etc. City & State		24006124 	
City & State Orange Park, FL		City & State Orange Park, FL		4. FEI Number 60-2076342	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable			
6. Name and Address of Current Registered Agent HALL, JANE A 1839 HARBOR ISLAND DR. ORANGE PARK, FL 32003		7. Name and Address of New Registered Agent Name: Jane Allen Hall Street Address (P.O. Box Number is Not Acceptable): 610 Remax on Park Avenue City: Orange Park FL Zip Code: 32073			
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 Jane Allen Hall <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 1-27-04 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME MINER, KAREN STREET ADDRESS 2401 MOLLY LN CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043	<input checked="" type="checkbox"/> Delete		TITLE P NAME Susie Gale STREET ADDRESS 1499 Kathleen Way CITY-ST-ZIP Green Cove Springs, FL 32043	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VP NAME LARIMORE, EMORY STREET ADDRESS 1461 SCARLETT WAY CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE ST NAME MERRITT, SUSAN STREET ADDRESS 2362 STOCKTON DR. CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME MASON, CRAIG STREET ADDRESS 2347 BRIDGETTE WAY CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043	<input checked="" type="checkbox"/> Delete		TITLE D NAME Mike Harrell STREET ADDRESS 2375 Bridgette Way CITY-ST-ZIP Green Cove Springs, FL 32043	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME HARRELL, MIKE STREET ADDRESS 2375 BRIDGETTE WAY CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043	<input type="checkbox"/> Delete		TITLE D NAME Tom McKeithen STREET ADDRESS 2321 Stockton Dr. CITY-ST-ZIP Green Cove Springs, FL 32043	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME CHANCEY, BRIAN STREET ADDRESS 1460 SCARLETT WAY CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043	<input type="checkbox"/> Delete		TITLE D NAME Jim Barker STREET ADDRESS 1483 Bridgette Way CITY-ST-ZIP Green Cove Springs, FL 32043	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE 1-28-04 Daytime Phone # 904 284-1252		