

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90129 035 ****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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2975342**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HALL, JANE A
1839 HARBOR ISLAND DR.
ORANGE PARK FL 32003**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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	<input checked="" type="checkbox"/> Delete
NAME	EASTERLING, MARK	
STREET ADDRESS	2351 BRIDGETTE WAY	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HARDIN, MIKE	
STREET ADDRESS	1472 KATHLEEN WAY	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	BAGGETT, JOHN	
STREET ADDRESS	2391 SHAWNA LANE	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WHEAT, LISA	
STREET ADDRESS	2450 STOCKTON DR	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WHEELER, CHARLES	
STREET ADDRESS	1471 SCARLETT WAY	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRANTELY, WILLIAM	
STREET ADDRESS	1470 SCARLETT WAY	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Karen Miner	
STREET ADDRESS	2401 Molly Ln	
CITY-ST-ZIP	Green Cove Springs, FL 32043	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Emory Harcine	
STREET ADDRESS	1461 Scarlett Way	
CITY-ST-ZIP	Green Cove Springs, FL 32043	
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Susan Menick	
STREET ADDRESS	2362 Stockton Dr	
CITY-ST-ZIP	Green Cove Springs, FL 32043	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Craig Mason	
STREET ADDRESS	2347 Bridgette Way	
CITY-ST-ZIP	Green Cove Springs, FL 32043	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mike Harrell	
STREET ADDRESS	2375 Bridgette Way	
CITY-ST-ZIP	Green Cove Springs, FL 32043	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Devin Chancey	
STREET ADDRESS	1460 Scarlett Way	
CITY-ST-ZIP	Green Cove Springs, FL 32043	

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:

SIGNATURE REQUIRED

Karen Miner

3-5-03

529-8127

CR2E037 (10/02)