

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32499

Entity Name: HIBERNIA PLANTATION HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**767 BLANDING BLVD., SUITE 112
ORANGE PARK, FL 32065**Current Mailing Address:**767 BLANDING BLVD., SUITE 112
ORANGE PARK, FL 32065 US**FEI Number: 59-2975342****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**WICKHAM, PHILLIP
767 BLANDING BLVD., SUITE 112
ORANGE PARK, FL 32065 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title PRESIDENT, DIRECTOR
Name WANKE, RUSS
Address 767 BLANDING BLVD., SUITE 112
City-State-Zip: ORANGE PARK FL 32065

Title SECRETARY, DIRECTOR
Name SUTLIFF, RICHARD
Address 767 BLANDING BLVD., SUITE 112
City-State-Zip: ORANGE PARK FL 32065

Title TREASURER, DIRECTOR
Name MORGAN, JAMES
Address 767 BLANDING BLVD., SUITE 112
City-State-Zip: ORANGE PARK FL 32065

Title DIRECTOR
Name MASON, CRAIG
Address 767 BLANDING BLVD., SUITE 112
City-State-Zip: ORANGE PARK FL 32065

Title VP, DIRECTOR
Name VAN HORN, BRAD
Address 767 BLANDING BLVD., SUITE 112
City-State-Zip: ORANGE PARK FL 32065

Title DIRECTOR
Name CHANCEY, BRIAN
Address 767 BLANDING BLVD., SUITE 112
City-State-Zip: ORANGE PARK FL 32065

Title DIRECTOR
Name WINTON, STEVEN
Address 767 BLANDING BLVD., SUITE 112
City-State-Zip: ORANGE PARK FL 32065

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RUSS WANKE**PRESIDENT****03/29/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date