

# 6 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2006 8:00 am**  
**Secretary of State**

03-09-2006 90164 004 \*\*\*\*70.00

DOCUMENT # 766084

1. Entity Name

HIBERNIA FOREST CIVIC ASSOC. INC.



Principal Place of Business

807 HIBERNIA FOREST DR  
GREEN COVE SPRINGS FL 32043  
US

Mailing Address

807 HIBERNIA FOREST DR  
GREEN COVE SPRINGS FL 32043  
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2365667

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

MARTINEZ, REGINA  
807 HIBERNIA FOREST DR  
GREEN COVE SPRINGS FL 32043

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**  
**Due By May 1, 2006**

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

TITLE PD ☐ Delete  
NAME MARTINEZ, REGINA  
STREET ADDRESS 807 HIBERNIA FOREST DR  
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

TITLE DVP ☒ Delete  
NAME CARLSON, RANDY  
STREET ADDRESS 824 LIVE OAK  
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

TITLE DS ☒ Delete  
NAME CARNELL, BETTE  
STREET ADDRESS 955 LIVE OAK LANE  
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

TITLE DT ☐ Delete  
NAME WILLIAMS, ROSE  
STREET ADDRESS 790 HIBERNIA FOREST DR  
CITY-ST-ZIP GREEN COVE SPRINGS FL 32034-3

TITLE D ☐ Delete  
NAME SLAGLE, SHIRLEY  
STREET ADDRESS 926 LIVE OAK LANE  
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

TITLE D ☐ Delete  
NAME ELLMAKER, KATHY  
STREET ADDRESS 860 LIVE OAK LANE  
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DVP ☒ Change ☒ Addition  
NAME Frost John  
STREET ADDRESS 1740 HIBERNIA Forest Dr  
CITY-ST-ZIP Green Cove Springs, FL 32043

TITLE DS ☒ Change ☒ Addition  
NAME Farrington, Maggie  
STREET ADDRESS 770 HIBERNIA Forest Dr.  
CITY-ST-ZIP Green Cove Springs, FL 32043

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Regina Martinez* Regina Martinez 1-20-06 904-529-8669