

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004196

FILED
Apr 26, 2004
Secretary of State**Entity Name:** HIBERNIA SUGAR PLANTATION HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**7580 RIVER AVE
GREEN COVE SPRINGS, FL 32043**New Principal Place of Business:****Current Mailing Address:**7580 RIVER AVE
GREEN COVE SPRINGS, FL 32043**New Mailing Address:****FEI Number:** 59-3662338**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BROWDER, JOE
7580 RIVER AVE
GREEN COVE SPRINGS, FL 32043**Name and Address of New Registered Agent:**

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BROWDER, JOE
Address: 7580 RIVER AVE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: VP () Delete
Name: BROWN, TOMMY
Address: 7621 RIVER AVE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: P () Delete
Name: SLOAN, JAMES
Address: 7641 RIVER AVE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: S () Delete
Name: BRAUNER, FRANK
Address: 7590 RIVER AVE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JOE BROWDER

D

04/26/2004

Electronic Signature of Signing Officer or Director

Date