

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

7/31

FILED
Sep 02, 2003 8:00 am
Secretary of State

07-31-2003 90070 050 ****61.25

DOCUMENT # N00000004196			
1. Entity Name HIBERNIA SUGAR PLANTATION HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 7608 RIVER AVE GREEN COVE SPRINGS FL 32043		Mailing Address 7608 RIVER AVE GREEN COVE SPRINGS FL 32043	
2. Principal Place of Business 7580 River Ave Suite, Apt. #, etc.		3. Mailing Address 7580 River Ave Suite, Apt. #, etc.	
City & State GREEN COVE SPRINGS, FL Zip: 32043 Country: USA		City & State GREEN COVE SPRINGS, FL Zip: 32043 Country: USA	
4. FEI Number 59-3662338		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THOMPSON, GERALD 7608 RIVER AVE GREEN COVE SPRINGS FL 32043		7. Name and Address of New Registered Agent Name: Joe Browder Street Address (P.O. Box Number is Not Acceptable): 7580 River Ave City: Green Cove Springs FL Zip Code: 32043	
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: <u>Joe Browder</u> DATE: <u>7/29/03</u> (NOTE: Registered Agent signature required when reinstating)			
FILE NOW: FEE IS \$61.25 After September 10, 2003, min will be \$236.25		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: D NAME: THOMPSON, GERALD STREET ADDRESS: 7608 RIVER AVE CITY-ST-ZIP: GREEN COVE SPRINGS FL 32043	☒ Delete	TITLE: D NAME: Joe Browder Treasurer STREET ADDRESS: 7580 River Ave CITY-ST-ZIP: Green Cove Springs, FL 32043	☐ Change ☒ Addition
TITLE: D NAME: THOMPSON, BARBARA STREET ADDRESS: 7608 RIVER AVE CITY-ST-ZIP: GREEN COVE SPRINGS FL 32043	☒ Delete	TITLE: O NAME: Tommy Brown Vice President STREET ADDRESS: 7621 River Ave CITY-ST-ZIP: Green Cove Springs FL 32043	☐ Change ☒ Addition
TITLE: D NAME: SLOAN, JAMES STREET ADDRESS: 7641 RIVER AVE CITY-ST-ZIP: GREEN COVE SPRINGS FL 32043	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	☐ Change ☒ Addition
TITLE: D NAME: CARTER, MARY STREET ADDRESS: 7631 RIVER AVE CITY-ST-ZIP: GREEN COVE SPRINGS FL 32043	☒ Delete	TITLE: NAME: FRANK BRAUNER Secretary STREET ADDRESS: 7590 River Ave CITY-ST-ZIP: Green Cove Springs, FL 32043	☐ Change ☒ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	☐ Change ☒ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	☐ Change ☐ 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: <u>SIGNATURE REQUIRED</u>		DATE: <u>7/29/03</u> DAYTIME PHONE: <u>904-482-1940</u>	

CP2E037 (4/03)