



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 8:00 am
Secretary of State

02-01-2008 90019 017 ****61.25

DOCUMENT # N32499 1. Entity Name HIBERNIA PLANTATION HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 767 BLANDING BLVD STE 112 ORANGE PARK, FL 32065 US			Mailing Address 767 BLANDING BLVD STE 112 ORANGE PARK, FL 32065 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		40015660 	
City & State Zip Country		City & State Zip Country		4. FEI Number 59-2975342 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01232008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent JACKSON, CHRISTOPHER M 747 BLANDING BLVD STE 112 ORANGE PARK, FL 32073			7. Name and Address of New Registered Agent Name <u>CHRISTOPHER M. JACKSON</u> Street Address (P.O. Box Number is Not Acceptable) <u>BUYERS PROPERTIES, INC.</u> <u>767 BLANDING BLVD STE 112</u> City <u>ORANGE PARK</u> FL Zip Code <u>32065</u>		
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>Chris Jackson, CAM</u> DATE <u>1/24/8</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	D GALES-SPIVEY, SUSIE 1499 KATHLEEN WAY GREEN COVE SPRINGS, FL 32043 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EMORY LARIMORE 1461 SCARLETT WAY GREEN COVE SPRINGS, FL 32043 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARKER, JIM 1483 BRIDGETTE WAY GREEN COVE SPRINGS, FL 32043 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST EASTERLING, MARK 2351 BRIDGETTE WAY GREEN COVE SPRINGS, FL 32043 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARK EASTERLING 2351 BRIDGETTE WAY GREEN COVE SPRINGS, FL 32043 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NEW, DARNELL 1502 KATHLEEN WAY GREEN COVE SPRINGS, FL 32043 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NEW, DARNELL 1502 KATHLEEN WAY GREEN COVE SPRINGS, FL 32043 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DARRELL NEW 1502 KATHLEEN WAY GREEN COVE SPRINGS, FL 32043 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SAM WATSON 2398 SHAWAN LANE GREEN COVE SPRINGS, FL 32043 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NEW, DARNELL 1502 KATHLEEN WAY GREEN COVE SPRINGS, FL 32043 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SAM WATSON 2398 SHAWAN LANE GREEN COVE SPRINGS, FL 32043 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARK SPALDING 2356 BRIDGETTE GREEN COVE SPRINGS, FL 32043 <input type="checkbox"/> Delete
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>Chris Jackson, CHRISTOPHER M. JACKSON, CAM</u> DATE <u>1/24/8</u> (904) 237-8579 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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ATTACHMENT

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City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2975342	
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SIGNATURE: <u>Christopher M. Jackson</u> CAM <u>CHRISTOPHER M. JACKSON</u> <u>1/24/8</u> <u>(94) 237-8579</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

40015660