

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N37460** (5)
1. Corporation Name
HIBERNIA OAKS HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business
**589 HAWKES ISLAND DR
GREEN COVE SPRINGS FL 32043
US**

Mailing Address
**PO BOX 911
GREEN COVE SPRINGS FL 32043
US**

3. Date Incorporated or Qualified
04/05/1990

3a. Date of Last Report
02/15/1995

4. FEI Number
59-3001368

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

**MEGONEGAL, E R
589 HAWKES ISLAND DR
GREEN COVE SPRINGS FL 32043**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name, and title, if applicable (2001: Registered Agent signature required when replacing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	EDMONDSON, BARBARA	586 HIBERNIA OAKS DR	GREEN COVE SPRINGS FL	☐
TD	MEGONEGAL, E R	589 HAWKES ISLAND DR	GREEN COVE SPRINGS FL	☐
D	REDMOND, HERBERT	596 HAWKES ISLAND DRIVE	GREEN COVE SPRINGS FL	☐
D	MILOT, MARC	618 HIBERNIA OAKS DR	GREEN COVE SPRINGS FL	☐
D	BURCHFIELD, A	614 HIBERNIA OAKS DR	GREEN COVE SPRINGS FL	☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP	21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY-ST-ZIP	31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY-ST-ZIP	41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY-ST-ZIP	51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY-ST-ZIP	61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/96

904-284-7298

CR2E037 (12/95)