

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 21 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 32043-0911
US

3. Date Incorporated or Qualified
04/05/1990

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 Suite, Apt #, etc

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt #, etc

27 City & State

28 Zip

30 Country

4. FEI Number

59-3001368

Applied For

Not Applicable

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME EDMONDSON, BARBARA
STREET ADDRESS 586 HIBERNIA OAKS DR
CITY-ST-ZIP GREEN COVE SPRINGS FL ☐ DELETE

TITLE TD
NAME MEGONEGAL, E R
STREET ADDRESS 589 HAWKES ISLAND DR
CITY-ST-ZIP GREEN COVE SPRINGS FL ☐ DELETE

TITLE D
NAME REDMOND, HERBERT
STREET ADDRESS 596 HAWKES ISLAND DRIVE
CITY-ST-ZIP GREEN COVE SPRINGS FL ☒ DELETE

TITLE D
NAME MILOT, MARC
STREET ADDRESS 618 HIBERNIA OAKS DR
CITY-ST-ZIP GREEN COVE SPRINGS FL ☒ DELETE

TITLE D
NAME BURCHFIELD, A
STREET ADDRESS 614 HIBERNIA OAKS DR
CITY-ST-ZIP GREEN COVE SPRINGS FL ☒ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 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]

17 MAR 97

904-284-7398

CR2E037 (9/96)