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**Mar 08, 1999 8:00 am**  
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03-08-1999 90093 013 \*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N37460**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

04/05/1990

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

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 of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME MILOT, JANET  
STREET ADDRESS 618 HIBERNIA OAKS DRIVE  
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

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

TITLE D  
NAME ALLEN, ROBERT  
STREET ADDRESS 627 HAWKES ISLAND DR  
CITY-ST-ZIP GREEN COVE SPRINGS FL

TITLE D  
NAME CHATBONNEAU, CARLA  
STREET ADDRESS 588 HIBERNIA OAKS DR  
CITY-ST-ZIP GREEN COVE SPRINGS FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D  
1.2 NAME OGLESBY, CHARLES  
1.3 STREET ADDRESS 599 HIBERNIA OAKS DRIVE  
1.4 CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE PD  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE VD  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

24 FEB 1999 904-284-7398  
Date Daytime Phone #

CR2E037 (11/98)