

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2001 8:00 am
Secretary of State

0006640

DOCUMENT # N37460

1. Entity Name

HIBERNIA OAKS HOMEOWNER'S ASSOCIATION, INC.

03-30-2001 90313 006 ****61.25

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3001368

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP
**PD
 OGELSBY, CHARLES
 599 HIBERNIA OAKS DRIVE
 GREEN COVE SPRINGS FL 32043** ☐ Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP
**VD
 ALLEN, ROBERT
 627 HAWKES ISLAND DR
 GREEN COVE SPRINGS FL** ☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
**D
 CHATBONNEAU, CARLA
 598 HIBERNIA OAKS DR
 GREEN COVE SPRINGS FL** ☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ Change ☐ Addition
**V
 RICHARDSON, KAREN
 611 HAWKES ISLAND DRIVE
 GREEN COVE SPRINGS, FL 32043**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ Change ☐ Addition
**D
 STROTHER, THOMAS
 594 HIBERNIA OAKS DRIVE
 GREEN COVE SPRINGS, FL 32043**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE REQUIRED: MEGONEGAL
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

28/MAR/01

904-284-7398

Date

Daytime Phone #

CR2E037 (10/00)