

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 90266 006 ****61.25

0057796

DOCUMENT # N37460

1. Entity 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

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**

DO NOT WRITE IN THIS SPACE



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	PD	☒ Delete
NAME	OGELSBY, CHARLES	
STREET ADDRESS	599 HIBERNIA OAKS DRIVE	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	
TITLE	TD	☐ Delete
NAME	MEGONEGAL, E R	
STREET ADDRESS	589 HAWKES ISLAND DR	
CITY-ST-ZIP	GREEN COVE SPRINGS FL	
TITLE	VD	☒ Delete
NAME	RICHARDSON, KARREN	
STREET ADDRESS	611 HAWKES ISLAND DRIVE	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	
TITLE	D	☒ Delete
NAME	STROTHER, THOMAS	
STREET ADDRESS	594 HIBERNIA OAKS DRIVE	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☐ Change ☐ Addition
NAME	Roper, Randald m.	
STREET ADDRESS	603 Hawkes Island Drive	
CITY-ST-ZIP	Green Cove Springs, FL 32043	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	☐ Change ☐ Addition
NAME	Sherman, Michael	
STREET ADDRESS	581 Hawkes Island Drive	
CITY-ST-ZIP	Green Cove Springs, FL 32043	
TITLE	D	☐ Change ☐ Addition
NAME	Waggoner, Daniel	
STREET ADDRESS	560 Hagans Court	
CITY-ST-ZIP	Green Cove Springs, FL 32043	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]* Russell Megonegal 28 Feb 02 904-284-7398

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)