

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 732987 (3)

1. Corporation Name
ICHETUCKNEE RIVER ESTATES HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business: BELMOT TERR. S WOOD ACRES (LAKE CITY, FL) P O BOX 490 FT WHITE FL 32038
Mailing Address: BELMOT TERR. S WOOD ACRES (LAKE CITY, FL) P O BOX 490 FT WHITE FL 32038

3. Date Incorporated or Qualified: 06/06/1975
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business: 21 28050 River Run Rd
22 f
23 Branford, FL
24 32008
25 Suwanee
2a. Mailing Address: 26 P.O. Box 490
27
28 Ft. White, FL
29 32038
30 Columbia

4. FEI Number: 59-1783828
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

CASON, F D
206 GWEN LAKE BLVD
LAKE CITY FL 32055

81 Name: Mann, William
82 Street Address (P.O. Box Number is Not Acceptable): 28050 River Run Road
83
84 City: Branford FL 85 Zip Code: 32008

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 obligation of, Section 617.0503, Florida Statutes.

SIGNATURE: *William C. Mann*

DATE: 3/28/96

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

(NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: PD	NAME: SWAMY, NANJUNDA	STREET ADDRESS: RT 9, BOX 950	CITY-ST-ZIP: LAKE CITY FL	<input checked="" type="checkbox"/> DELETE
TITLE: VD	NAME: MANN, WILLIAM	STREET ADDRESS: P.O. BOX 3043, N/A	CITY-ST-ZIP: LAKE CITY FL	<input checked="" type="checkbox"/> DELETE
TITLE: TD	NAME: CASON, F D	STREET ADDRESS: P O BOX 995, N/A	CITY-ST-ZIP: LAKE CITY FL	<input checked="" type="checkbox"/> DELETE
TITLE: SD	NAME: WATERS, CHRIS	STREET ADDRESS: 11031 CLIPPER COURT	CITY-ST-ZIP: WINDERMERE FL	<input checked="" type="checkbox"/> DELETE
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> DELETE
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> DELETE

1.1 TITLE: PD	1.2 NAME: Mann, William C	1.3 STREET ADDRESS: 28050 River Run Road	1.4 CITY-ST-ZIP: Branford, FL 32008	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE: VD	2.2 NAME: Hartley, Rex	2.3 STREET ADDRESS: 28422 River Run Road	2.4 CITY-ST-ZIP: Branford, FL 33008	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE: TD	3.2 NAME: Mellendorf, Marsha	3.3 STREET ADDRESS: 28228 River Run Road	3.4 CITY-ST-ZIP: Branford, FL 32008	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE: SD	4.2 NAME: McGraner, Pat	4.3 STREET ADDRESS: P O Box 1117	4.4 CITY-ST-ZIP: Branford, FL 32008	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE:	5.2 NAME:	5.3 STREET ADDRESS:	5.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE:	6.2 NAME:	6.3 STREET ADDRESS:	6.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *William C. Mann*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 3/28/96
DAYTIME PHONE #: 904 935 3659

CR2E037 (12/95)