

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90044 013 ****61.25

DOCUMENT # 732987
1. Entity Name
ICHETUCKNEE RIVER ESTATES HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business: **ICHETULKNEE RIVER ESTATES LOT A1 BRANFORD FL 32008 US**
Mailing Address: **P O BOX 85 BRANFORD FL 32008 US**



2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country
3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

1st MOORE CR2E037 (10/05)
4. FEI Number: **NO-T APPLICABLE**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**HARTLEY, REXFORD G
28422 RIVER RUN RD.
BRANFORD FL 32008**

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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	HANNA, DAVID	
STREET ADDRESS	28062 35TH PATH	
CITY-ST-ZIP	BRANFORD FL 32008	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SMITH, THOMAS	
STREET ADDRESS	22353 S US HWY 441	
CITY-ST-ZIP	HIGH SPRINGS FL 32643	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HERTEL, GEORGE	
STREET ADDRESS	28010 29TH RD	
CITY-ST-ZIP	BRANFORD FL 32008	
TITLE	D	<input type="checkbox"/> Delete
NAME	HIPP, JOHN	
STREET ADDRESS	28050 RIVER RUN RD.	
CITY-ST-ZIP	BRANFORD FL 32008	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASON, DEL	
STREET ADDRESS	RT 2 BOX 5159	
CITY-ST-ZIP	LAKE CITY FL 32024	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAGE, WALTER	
STREET ADDRESS	28057 29TH RD	
CITY-ST-ZIP	BRANFORD FL 32008	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REXFORD G. HARTLEY	
STREET ADDRESS	28422 RIVER RUN RD.	
CITY-ST-ZIP	BRANFORD, FL. 32008	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUTH McGRANER	
STREET ADDRESS	28402 29TH LOOP	
CITY-ST-ZIP	BRANFORD, FL. 32008	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN TAYLOR	
STREET ADDRESS	28019 29TH RD.	
CITY-ST-ZIP	BRANFORD, FL. 32008	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Rexford G. Hartley*