

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

**FILED**

**Apr 13 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 732987 (3)**

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



Principal Place of Business 28050 RIVER RUN RD P O BOX 490 BRANFORD FL 32008 US	Mailing Address PO BOX 490 P O BOX 490 FT WHITE FL 32038 US
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3. Date Incorporated or Qualified <b>06/06/1975</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>59-1783828</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 <b>28010 29th Rd</b> Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State <b>Branford, FL</b>	27 City & State
23 Zip <b>32008</b> Country <b>USA</b>	28 Zip Country
24 <b>32008</b> 25 <b>USA</b>	29 30

9. Name and Address of Current Registered Agent

**MANN, WILLIAM**  
**28050 RIVER RUN RD**  
**BRANFORD FL 32008**

10. Name and Address of New Registered Agent

81 Name <b>Mann, William</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>1468 Valley Rd</b>
83
84 City <b>Lake City</b> FL 85 Zip Code <b>32025</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>PD</b>	<input type="checkbox"/>
NAME	<b>MANN, WILLIAM C</b>	
STREET ADDRESS	<b>28050 RIVER RUN RD</b>	
CITY-ST-ZIP	<b>BRANFORD FL</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/>
NAME	<b>HARTLEY, TEX</b>	
STREET ADDRESS	<b>28422 RIVER RUN RD</b>	
CITY-ST-ZIP	<b>BRANFORD FL</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/>
NAME	<b>MELLENDORF, MARSHA</b>	
STREET ADDRESS	<b>28228 RIVER RUN RD</b>	
CITY-ST-ZIP	<b>BRANFORD FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/>
NAME	<b>HERTEL, GEORGE</b>	
STREET ADDRESS	<b>28010 29TH ROAD</b>	
CITY-ST-ZIP	<b>BRANFORD FL 32008</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		DELETED
1.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/>
1.2 NAME	<b>Mann, William C.</b>	
1.3 STREET ADDRESS	<b>1468 Valley Rd.</b>	
1.4 CITY-ST-ZIP	<b>Lake City, FL 32025</b>	
2.1 TITLE	<b>VD</b>	<input type="checkbox"/>
2.2 NAME	<b>Boykin, Burt</b>	
2.3 STREET ADDRESS	<b>28035 29th Rd</b>	
2.4 CITY-ST-ZIP	<b>Branford, FL 32008</b>	
3.1 TITLE	<b>SD</b>	<input type="checkbox"/>
3.2 NAME	<b>Robinson, Bruce</b>	
3.3 STREET ADDRESS	<b>Rt 17 Box 2131</b>	
3.4 CITY-ST-ZIP	<b>Lake City, FL 32055</b>	<b>N/A</b>
4.1 TITLE	<b>TD</b>	<input checked="" type="checkbox"/>
4.2 NAME	<b>Hertel, George</b>	
4.3 STREET ADDRESS	<b>28010 29th Rd</b>	
4.4 CITY-ST-ZIP	<b>Branford, FL 32008</b>	
5.1 TITLE		<input type="checkbox"/>
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/>
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.

SIGNATURE: *George R. Hertel* **George R. Hertel 4/16/98 904-935-1019**

CFR2037 (10/97)