


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # N23073 1. Entity Name ICHETUCKNEE FOREST OWNERS ASSOCIATION, INC.	
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Principal Place of Business 1217 SW LONCALA LP FORT WHITE, FL 32038	Mailing Address P.O. BOX 487 FORT WHITE, FL 32038
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04112006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2907455	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, TERRE S
1217 SW LONCALA LP
FORT WHITE, FL 32038

DO NOT WRITE IN THIS SPACE

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 _____

Filing Fee is \$61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV JOHNSON, NORMAN RT. 1, BOX 1646 O'BRIEN, FL 32071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SMITH, TERRI RT 1 BOX 1624 O'BRIEN, FL 32071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JUNE, GAYLE 948 SW LONCALA LP FORT WHITE, FL 32038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JANSEN, THOMAS 1401 SW LONCALA LP FORT WHITE, FL 32038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000508372
04/28/06-80003-004 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Terre S. Smith Terre S. Smith 4/11/06 386-497-1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #