

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23073

FILED  
Jun 26, 2009  
Secretary of State

Entity Name: ICHETUCKNEE FOREST OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1217 SW LONCALA LP  
FORT WHITE, FL 32038

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 487  
FORT WHITE, FL 32038

**New Mailing Address:**

FEI Number: 59-2907455      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DV      ( ) Delete  
Name: ROBERTS, CHARLES  
Address: 1539 S.W. LONCALA LOOP  
City-St-Zip: FORT WHITE FL., FL 32038

Title: SD      ( ) Delete  
Name: DOMINGUEZ, ELIZABETH  
Address: 1401 S.W. LONCALA LOOP  
City-St-Zip: FORT WHITE, FL 32038

Title: T      ( ) Delete  
Name: TERRE, SMITH  
Address: 1217 S.W. LONCALA LOOP  
City-St-Zip: FORT WHITE, FL 32038

Title: P      ( ) Delete  
Name: JANSEN, THOMAS  
Address: 1401 SW LONCALA LP  
City-St-Zip: FORT WHITE, FL 32038

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIZABETH DOMINGUEZ

SD

06/26/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date