

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N23073

**Entity Name:** ICHETUCKNEE FOREST OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1401 SW LONCALA LP  
FORT WHITE, FL 32038-7039

**Current Mailing Address:**

P.O. BOX 487  
FORT WHITE, FL 32038

**FEI Number:** 59-2907455

**Certificate of Status Desired:** No

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

JANSEN, THOMAS J  
1401 SW LONCALA LP  
FORT WHITE, FL 32038-7039 US

*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:** THOMAS J. JANSEN

04/21/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

Title P  
Name JANSEN, THOMAS  
Address 1401 SW LONCALA LP  
City-State-Zip: FORT WHITE FL 32038

*I hereby 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 all other like empowered.*

**SIGNATURE:** THOMAS J. JANSEN

**PRES.**

04/21/2016

Electronic Signature of Signing Officer/Director Detail

Date