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	RICHARD HINER			01/19/2024
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	VP, DIRECTOR	Title	PRESIDENT, CHAIRMAN	
Name	BUCCHI, TIFFANY	Name	HINER, RICHARD	
Address	977 SW LONCALA LOOP	Address	1003 SW LONCALA LOOP	
City-State-Zip:	FORT WHITE FL. FL 32038	City-State-Zip:	FORT WHITE FL 32038	
Title	SECRETARY, DIRECTOR	Title	TREASURER, DIRECTOR	
Name	BOLTON, CARRIE L	Name	SMITH, TERRE S	
Address	353 SW LONCALA LOOP	Address	1217 SW LONCALA LOOP	
City-State-Zip:	FORT WHITE FL 32038	City-State-Zip:	FORT WHITE FL 32038	
Title	DIRECTOR			
Name	MUCHNICKI, EDWARD A			
Address	466 SW LONCALA LOOP			

P.O. BOX 487 FORT WHITE, FL 32038 US

**Current Principal Place of Business:** 

### FEI Number: 59-2907455

**Current Mailing Address:** 

DOCUMENT# N23073

1003 SW LONCALA LOOP FORT WHITE, FL 32038

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

1003 SW LONCALA LOOP FORT WHITE, FL 32038 US

# HINER, RICHARD

Entity Name: ICHETUCKNEE FOREST OWNERS ASSOCIATION, INC.

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: RICHARD HINER

City-State-Zip: FORT WHITE FL 32038

01/19/2024 PRESIDENT, CHAIRMAN

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## Certificate of Status Desired: Yes

Date

### FILED Jan 19, 2024 Secretary of State 7282968132CC

Electronic Signature of Signing Officer/Director Detail