

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # 739649		
1. Entity Name ICHETUCKNEE FOREST PROPERTY OWNERS' ASSOCIATION, INC.		
Principal Place of Business 4127 NW 27TH LN. SUITE A GAINESVILLE, FL 32606	Mailing Address PO BOX 357845 GAINESVILLE, FL 32635	
DO NOT WRITE IN THIS SPACE		
		 01112006 No Chg-NP CR2E037 (11/05)
4. FEI Number 59-1739649		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
LEE, DENNIS G. 4127 NW 27TH LN., SUITE A GAINESVILLE, FL 32606		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees UN0000401682 02/02/06-80055-006 61.25
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS LEE, DENNIS G 4127 NW 27TH LN., SUITE A GAINESVILLE, FL 32606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD DAVIES, LISA 4127 NW 27TH LN., SUITE A GAINESVILLE, FL 32606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDONALD, JAN 4127 NW 27TH LN., SUITE A GAINESVILLE, FL 32606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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: <u>Dennis G. Lee</u> Dennis G. Lee <u>1-7-06</u> <u>352-334-1976</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		