

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000003419

**FILED**  
**Feb 08, 2023**  
**Secretary of State**  
**8448018728CC**

**Entity Name:** SUWANNEE MANOR FOUR HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

672 EAST DUVAL STREET  
LAKE CITY, FL 32055

**Current Mailing Address:**

672 EAST DUVAL STREET  
LAKE CITY, FL 32055

**FEI Number: 26-4684782**

**Certificate of Status Desired: No**

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

KHACHIGAN, MARTHA J  
672 EAST DUVAL STREET  
LAKE CITY, FL 32055 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DP  
Name KHACHIGAN, MARTHA J  
Address 362 NW STREAMSIDE CT  
City-State-Zip: LAKE CITY FL 32055

Title DV  
Name BULLARD, AUDREY S  
Address 1826 SW SR 47  
City-State-Zip: LAKE CITY FL 32025

Title DST  
Name LANE, SUE D  
Address 421 SW HARMONY LANE  
City-State-Zip: LAKE CITY FL 32025

*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: AUDREY S. BULLARD

DIRECTOR

02/08/2023

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date