

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90186 030 ****70.00



DOCUMENT # N06000001891
 1. Entity Name
INDIAN ROCKS MOBILE HOME COOPERATIVE, INC.

Principal Place of Business
 12701 126TH AVE. NORTH
 LARGO, FL 33774

Mailing Address
 12701 126TH AVE. NORTH
 LARGO, FL 33774

40060411



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc. # 241

3. Mailing Address
 Suite, Apt. #, etc.

01032007 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
STAAF, WILLIAM C.
 12701 126TH AVE. NORTH
 LARGO, FL 33774

7. Name and Address of New Registered Agent
 Name Anne Hathorne - Becker & Paliakoff
 Street Address (P.O. Box Number is Not Acceptable) 2401 West Bay Drive
Suite 414
 City Largo FL 33774 **FL** Zip Code

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 * Already changed
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>William C. Staaf</u> <input checked="" type="checkbox"/> Delete <u>President</u> <u>12701 126th Ave. N. # 19</u> <u>Largo FL 33774</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Treasurer</u> <input checked="" type="checkbox"/> Delete <u>Ronald Suplizio</u> <u>12701 126th Ave N # 43</u> <u>Largo FL 33774</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>President</u> <u>Darryl Rossignol</u> <u>12701 126th Ave N. # 245</u> <u>Largo FL 33774</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>Treasurer</u> <u>Phyllis Moore</u> <u>12701 126th Ave N.</u> <u>Largo, FL 33774</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>Secretary</u> <u>Patricia A. Baldwin</u> <u>12701 126th Ave N # 235</u> <u>Largo, FL 33774</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>VICE PRESIDENT</u> <u>CARL RUSS</u> <u>12701 126th Ave N.</u> <u>Largo FL 33774</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>Director</u> <u>Alec Porter</u> <u>12701 126th Ave N. # 246</u> <u>Largo, FL 33774</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>Director</u> <u>Ansel Garrand</u> <u>12701 126th Ave N. # 15</u> <u>Largo FL 33774</u>

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: Patricia A. Baldwin Patricia A. Baldwin 4/10/07 7275937796
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

DOCUMENT # N06000001891 1. Entity Name INDIAN ROCKS MOBILE HOME COOPERATIVE, INC.					
Principal Place of Business 12701 126TH AVE. NORTH LARGO, FL 33774		Mailing Address 12701 126TH AVE. NORTH LARGO, FL 33774			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc. # 241		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
STAAF, WILLIAM C. 12701 126TH AVE. NORTH LARGO, FL 33774		Name Anne Hathorne - Becker & Poliakoff Street Address (P.O. Box Number is Not Acceptable) 2401 West Bay Drive Suite 414 City Largo FL 33774 FL Zip Code			

40060471

01032007	Chg-NP	CR2E037 (12/06)
4. FEI Number		Applied For
		<input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

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SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		Director	
STREET ADDRESS		Devin Knazavich	
CITY-ST-ZIP		12701 126th Ave N. #7	
	<input type="checkbox"/> Delete	Largo, FL 33774	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		

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SIGNATURE: Patricia A. Baldwin Patricia A. Baldwin 4/10/07 727.593.8796

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Secretary Date Daytime Phone #