

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000001891

**FILED**  
**Jan 20, 2021**  
**Secretary of State**  
**2330601736CC**

**Entity Name:** INDIAN ROCKS MOBILE HOME COOPERATIVE, INC.

**Current Principal Place of Business:**

24701 US HIGHWAY 19 N  
SUITE 102  
CLEARWATER, FL 33763

**Current Mailing Address:**

24701 US HIGHWAY 19 N  
SUITE 102  
CLEARWATER, FL 33763 US

**FEI Number:** 20-4439205

**Certificate of Status Desired:** No

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

LOVETERE, JULIE  
24701 US HIGHWAY 19 N  
SUITE 102  
CLEARWATER, FL 33763 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:** JULIE LOVETERE

01/20/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            HAYES, GRANT  
Address        24701 US HIGHWAY 19 N  
                  SUITE 102  
City-State-Zip: CLEARWATER FL 33763

Title            VPD  
Name            HAYES, FRANK  
Address        24701 US HIGHWAY 19 N  
                  SUITE 102  
City-State-Zip: CLEARWATER FL 33763

Title            SECRETARY, DIRECTOR  
Name            MACK, KRISTLE  
Address        24701 US HIGHWAY 19 N  
                  SUITE 102  
City-State-Zip: CLEARWATER FL 33763

Title            DIRECTOR  
Name            CLEMENT, ED  
Address        24701 US HIGHWAY 19 N  
                  SUITE 102  
City-State-Zip: CLEARWATER FL 33763

Title            TREASURER  
Name            ROSINGAL, DARRYL  
Address        24701 US HIGHWAY 19 N  
                  SUITE 102  
City-State-Zip: CLEARWATER FL 33763

Title            DIRECTOR  
Name            DONEGAN, BOB  
Address        24701 US HIGHWAY 19 N  
                  SUITE 102  
City-State-Zip: CLEARWATER FL 33763

Title            DIRECTOR  
Name            KNAZAVICH, DEVIN  
Address        24701 US HIGHWAY 19 N  
                  SUITE 102  
City-State-Zip: CLEARWATER FL 33763

*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:** GRANT HAYES

PRESIDENT

01/20/2021

Electronic Signature of Signing Officer/Director Detail

Date