

**2017 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N06000001891

**Entity Name:** INDIAN ROCKS MOBILE HOME COOPERATIVE, INC.**Current Principal Place of Business:**12701 126TH AVE. NORTH  
#241  
LARGO, FL 33774**Current Mailing Address:**12701 126TH AVE. NORTH  
#241  
LARGO, FL 33774**FEI Number:** 20-4439205**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**PINELLI, MATTHEW JR.  
12701 126TH AVE. NORTH  
#241  
LARGO, FL 33774 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:** MATTHEW PINELLI JR

10/09/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            RUSS, SHARON  
Address        12701 126TH AVE. NORTH  
                  #241  
City-State-Zip: LARGO FL 33774

Title            VP  
Name            KNAZAVICH, DEVIN  
Address        12701 126TH AVE. NORTH  
                  #241  
City-State-Zip: LARGO FL 33774

Title            SECRETARY  
Name            HERZOG, MARGARET  
Address        12701 126TH AVE. NORTH  
                  #241  
City-State-Zip: LARGO FL 33774

Title            TREASURER  
Name            MELCHIORE, KELLY  
Address        12701 126TH AVE. NORTH  
                  #241  
City-State-Zip: LARGO FL 33774

Title            D  
Name            PINELLI, JANET  
Address        12701 126TH AVE. NORTH  
                  #241  
City-State-Zip: LARGO FL 33774

Title            DIRECTOR  
Name            BECHTOLDT, RICK  
Address        12701 126TH AVE. NORTH  
                  #241  
City-State-Zip: LARGO FL 33774

Title            DIRECTOR  
Name            DONEGAN, ROBERT  
Address        12701 126TH AVE. NORTH  
                  #241  
City-State-Zip: LARGO FL 33774

Title            DIRECTOR  
Name            HAYES, FRANK  
Address        12701 126TH AVE. NORTH  
                  #241  
City-State-Zip: LARGO FL 33774

*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:** SHARON RUSS

PRESIDENT

10/09/2017

Electronic Signature of Signing Officer/Director Detail

Date