

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91015 048 \*\*\*\*61.25

**DOCUMENT #** *N03000005951*

**1. Entity Name**  
*Indian Rocks Mobile Homeowners' Association, Inc.*



**DO NOT WRITE IN THIS SPACE**

**54042403**

|  |                            |   |                            |
|--|----------------------------|---|----------------------------|
| <b>2. Principal Place of Business</b><br><i>12701 126th Ave N.</i> |                            | <b>3. Mailing Address</b><br><i>12701 126th Ave N</i> |                            |
| Suite, Apt. #, etc.<br><i>Lot # 242</i>                            |                            | Suite, Apt. #, etc.<br><i>Lot # 242</i>               |                            |
| City & State<br><i>Largo, Florida</i>                              |                            | City & State<br><i>Largo, FL</i>                      |                            |
| Zip<br><i>33774</i>  | Country<br><i>Pinellas</i> | Zip<br><i>33774</i>                                   | Country<br><i>Pinellas</i> |

DO NOT WRITE IN THIS SPACE

|  |  |  |
|--|--|--|
| <b>4. FEI Number</b><br><i>57-1178270</i>                        |  | Applied For<br><input type="checkbox"/> Not Applicable |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> |  | <b>\$8.75 Additional Fee Required</b>                  |

|                                   |  |                          |
|-----------------------------------|--|--------------------------|
| <b>DO NOT WRITE IN THIS SPACE</b> | <b>7. Name and Address of Current Registered Agent</b>                                 |                          |
|                                   | Name <i>Spiegel &amp; Utrera, P.A.</i>   |                          |
|                                   | Street Address (P.O. Box Number is Not Acceptable)<br><i>1840 Coral Way, 4th Floor</i> |                          |
|                                   | City <i>Miami</i>  | FL Zip Code <i>33145</i> |

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

|  |  |                                    |  |
|--|--|------------------------------------|--|
| <b>FEE IS \$61.25</b><br><b>Initial or Amended UBR</b> | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00 May Be Added to Fees</b> | <b>Make Check Payable to Florida Department of State</b> |
|--|--|------------------------------------|--|

| <b>10. OFFICERS AND DIRECTORS</b>               |  |              |                                   |
|---|--|--------------|-----------------------------------|
| <b>TITLE</b><br><i>P/D - Ronald Suplizio</i>    | <b>NAME</b><br><i>12701 126th Ave N #43</i>  | <b>TITLE</b> | <b>DO NOT WRITE IN THIS SPACE</b> |
| <b>STREET ADDRESS</b><br><i>Largo, FL 33774</i> | <b>CITY-ST-ZIP</b>                           | <b>NAME</b>  |                                   |
| <b>TITLE</b><br><i>V/D - Keith Curtis</i>       | <b>NAME</b><br><i>12701 126th Ave N #40</i>  | <b>TITLE</b> |                                   |
| <b>STREET ADDRESS</b><br><i>Largo, FL 33774</i> | <b>CITY-ST-ZIP</b>                           | <b>NAME</b>  |                                   |
| <b>TITLE</b><br><i>S/D - Eleanor Mitchell</i>   | <b>NAME</b><br><i>12701 126th Ave N #242</i> | <b>TITLE</b> |                                   |
| <b>STREET ADDRESS</b><br><i>Largo, FL 33774</i> | <b>CITY-ST-ZIP</b>                           | <b>NAME</b>  |                                   |
| <b>TITLE</b><br><i>T/D - Phyllis Moore</i>      | <b>NAME</b><br><i>12701 126th Ave N #227</i> | <b>TITLE</b> | <b>DO NOT WRITE IN THIS SPACE</b> |
| <b>STREET ADDRESS</b><br><i>Largo, FL 33774</i> | <b>CITY-ST-ZIP</b>                           | <b>NAME</b>  |                                   |
| <b>TITLE</b><br><i>D - Mark Britt</i>           | <b>NAME</b><br><i>12701 126th Ave N #</i>    | <b>TITLE</b> |                                   |
| <b>STREET ADDRESS</b><br><i>Largo, FL 33774</i> | <b>CITY-ST-ZIP</b>                           | <b>NAME</b>  | <b>DO NOT WRITE IN THIS SPACE</b> |
| <b>TITLE</b><br><i>D - William Britt</i>        | <b>NAME</b><br><i>12701 126th Ave N #48</i>  | <b>TITLE</b> |                                   |
| <b>STREET ADDRESS</b><br><i>Largo, FL 33774</i> | <b>CITY-ST-ZIP</b>                           | <b>NAME</b>  |                                   |

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.**


**SIGNATURE:** *Eleanor Mitchell* *Eleanor Mitchell (Secretary)* *4/24/04 (727) 593-3611*

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

CR2E037B (12/02)

527017

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

|   |   |  |                                   |
|---|---|--|-----------------------------------|
| <b>DOCUMENT #</b><br>1. Entity Name   |   |                             |                                   |
| <b>DO NOT WRITE IN THIS SPACE</b>   |   |  |                                   |
| 2. Principal Place of Business  |   | 3. Mailing Address   |                                   |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.  |                                   |
| City & State  |   | City & State   |                                   |
| Zip   | Country   | Zip  | Country                           |
| 4. FEI Number   |   | Applied For<br>Not Applicable  |                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   | \$8.75 Additional Fee Required   |                                   |
| <b>DO NOT WRITE IN THIS SPACE</b>   |   | 7. Name and Address of Current Registered Agent  |                                   |
|   |   | Name Spiegel & Utrera, P.A.  |                                   |
|   |   | Street Address (P.O. Box Number is Not Acceptable)   |                                   |
|   |   | 1840 Coral Way, 4th Floor  |                                   |
| City  |   | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |   |  |                                   |
| FEE IS \$61.25<br>Initial or Amended UBR  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |                                   |
| Make Check Payable to<br>Florida Department of State  |   |  |                                   |
| 10. <b>Cont</b> OFFICERS AND DIRECTORS  |   |  |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D - Devin Khazavich<br>12701 126th Ave N # 7<br>Largo, FL 33774 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | X X X   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | X X X   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>DO NOT WRITE IN THIS SPACE</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | X X X   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | X X X   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | X X X   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |                                   |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered. |   |  |                                   |
| SIGNATURE: _____<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #   |   |  |                                   |

CR2E037B (12/02)