2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005951

FILED Feb 07, 2006 Secretary of State

Entity Name: INDIAN ROCKS MOBILE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:		New Princip	New Principal Place of Business:	
12701 126 LOT #19 LARGO, F				
Current Mailing Address:		New Mailing	New Mailing Address:	
12701 126 LOT #19 LARGO, F				
FEI Number:	: 57-1178270 FEI Number Applied For () FI	El Number Not Applica	ble () Certificate of Status Desired (X)	
Name and	Address of Current Registered Agent:	Name and A	ddress of New Registered Agent:	
1266 S PÍN	JUSTIN G PA NELLAS AVE SPRINGS, FL 34689 US			
	named entity submits this statement for the purpose of Florida.	ose of changing its	registered office or registered agent, or both,	
SIGNATU				
	Electronic Signature of Registered Agent		Date	
OFFICERS	S AND DIRECTORS:	ADDITIONS/	CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () Delete WILLIAM, STAAF 12701 126 AVE N LOT #19 LARGO, FL 33774	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VD () Delete MITCHELL, ELBERT 12701 126 AVE N LOT #242 LARGO, FL 33774	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD () Delete MITCHELL, ELEANOR 12701 126 AVE N LOT #242 LARGO, FL 33774	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete SUOLIZIO, RONALD 12701 126 AVE N LOT #43 LARGO, FL 33774	Address: 1	O (X) Change () Addition SUPLIZIO, RONALD 2701 126 AVE N LOT #43 ARGO, FL 33774	
Title: Name: Address: City-St-Zip:	D () Delete DOYLE, JAMES 12701 126 AVE N LOT #46 LARGO, FL 33774	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete BEECHTOLDT, RICK 12701 126 AVE N LOT #249 LARGO, FL 33774	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WILLIAM STAAF P 02/07/2006