

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002822

FILED
Mar 30, 2005
Secretary of State

Entity Name: INTERNATIONAL MOBILE HOME CO-OP, INC.

Current Principal Place of Business:

5700 LAUREL AVE #70
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

5700 LAUREL AVE #70
KEY WEST, FL 33040

New Mailing Address:

32 SPOON BILL WAY
KEY WEST, FL 33040

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCREYNOLDS, CAROLEE
5700 LAUREL AVE #70
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ISAKSEN, JOHN
Address: 30233 OVERSEAS HWY
City-St-Zip: BIG PINE KEY, FL 330430531

Title: D () Delete
Name: ISAKSEN, GENEVIEVE
Address: 30233 OVERSEAS HWY
City-St-Zip: BIG PINE KEY, FL 330430531

Title: D () Delete
Name: MCREYNOLDS, CAROLEE
Address: 5700 LAUREL AVE #70
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ISAKSEN, JOHN
Address: 32 SPOON BILL WAY
City-St-Zip: KEY WEST, FL 33040

Title: D (X) Change () Addition
Name: ISAKSEN, GENEVIEVE
Address: 32 SPOON BILL WAY
City-St-Zip: KEY WEST, FL 33040

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CAROLEE MCREYNOLDS

D

03/30/2005

Electronic Signature of Signing Officer or Director

Date