

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED  
AND  
FILED**

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95 FEB 20 AM 7:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION**  
**ANNUAL REPORT**  
**1995**

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 703416 (8)**

1. Corporation Name  
**FLORIDA MANUFACTURED HOUSING ASSOCIATION, INC.**

Principal Place of Business Mailing Address

**115 N. CALHOUN STREET  
SUITE # 5  
TALLAHASSEE FL 32301  
US**

**115 N. CALHOUN, SUITE 5  
TALLAHASSEE FL 32301**

2. Principal Place of Business 2a. Mailing Address

21 Suits, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/08/1962** 3a. Date of Last Report **02/16/1994**

4. FEI Number **59-0691506** Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**WILLIAMS, FRANK  
4421 SHANNON LAKES W  
TALLAHASSEE, FL  
32308**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Frank Williams* (NOTE: Registered Agent signature required when registering) DATE 1-20-95

12. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	CASHIN, KEN
STREET ADDRESS	732 BLOUNTSTOWN HWY
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	T/D
NAME	YOUNG, ROBERT
STREET ADDRESS	5800 US 98 NORTH #7
CITY - ST - ZIP	LAKELAND FL
TITLE	D
NAME	BERGELT, ANN
STREET ADDRESS	2580 N NARCOOSSEE RD.
CITY - ST - ZIP	ST. CLOUD FL
TITLE	D
NAME	DICK LEITER
STREET ADDRESS	3801 BEE RIDGE ROAD # 12
CITY - ST - ZIP	SARASOTA FL
TITLE	V/D
NAME	BOB CUSTER
STREET ADDRESS	13180 N. CLEVELAND AVENUE # 239
CITY - ST - ZIP	NORTH FT. MYERS FL
TITLE	D
NAME	WILLIAM MCNATT
STREET ADDRESS	5800 U.S. HWY 98 NORTH #7
CITY - ST - ZIP	LAKELAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	Delete
14 CITY - ST - ZIP	
21 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	Delete
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	12210 Hwy. 301 South
64 CITY - ST - ZIP	Dade City, FL 33525

*T.S. 2/20/95*

*\$ DEPOSITED BY BANK*

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 1-20-95 913/859-5464

SIGNATURE AND PRINTED OR PARTIAL NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Signature Number)

FLORIDA MANUFACTURING HOUSING ASSOCIATION, INC.  
115 N. Calhoun Street, Suite #5  
Tallahassee, FL 32301

②

Secretary  
Nancy Pilot-McDaniel  
25501 South Hwy. 27  
Leesburg, FL 34748

Addition

Treasurer  
Polie Farnell  
4010 West Boy Scout Blvd., Suite 500  
Tampa, FL 33607-5728

Addition