

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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: 115 N. CALHOUN STREET SUITE # 5 TALLAHASSEE FL 32301 US
Mailing Address: 115 N. CALHOUN, SUITE 5 TALLAHASSEE FL 32301

3. Date Incorporated or Qualified: 01/08/1962
3a. Date of Last Report: 02/20/1995
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 25, 26, 27, 28, 29, 30
City & State, Suite, Apt. #, etc., Zip, Country

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) 5333 Pembridge Place, 83, 84 City Tallahassee FL, 85 Zip Code 32308

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *W. Frank Williams* *D. Shank Williams* DATE: 4-17-96
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PILOT-MCDANIEL	1.2 NAME	Daniel N. Rop
STREET ADDRESS	25501 SOUTH HWY. 27	1.3 STREET ADDRESS	4300 S. Pine Ave.
CITY-ST-ZIP	LEESBURG FL 34748	1.4 CITY-ST-ZIP	Ocala, FL 34480
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, ROBERT	2.2 NAME	
STREET ADDRESS	5600 US 98 NORTH #7	2.3 STREET ADDRESS	600001792146
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	-04/24/96--01019--003
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	***70.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARNELL, POLIE	3.2 NAME	
STREET ADDRESS	4010 WEST BOY SCOUT BLVD., STE.500	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33607-5728	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICK LEITER	4.2 NAME	Dick Leiter
STREET ADDRESS	3801 BEE RIDGE ROAD # 12	4.3 STREET ADDRESS	14205 E. Colonial Dr.
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	Orlando, FL 32826
TITLE	V <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOB CUSTER	5.2 NAME	Dennis Schrader
STREET ADDRESS	13180 N. CLEVELAND AVENUE # 239	5.3 STREET ADDRESS	P.O. Box 368 "N/A"
CITY-ST-ZIP	NORTH FT. MYERS FL	5.4 CITY-ST-ZIP	Safety Harbor, FL-34695 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	WILLIAM MCNATT	6.2 NAME	
STREET ADDRESS	12210 HWY. 301 SOUTH	6.3 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL 33525	6.4 CITY-ST-ZIP	

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 119.07(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: *W. Frank Williams* *D. Shank Williams* DATE: 4-17-96 DAYTIME PHONE: 904-222-4011
Signature, typed or printed name of signing officer or director

CRE037 (12/95) 4/23/96