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May 07 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 32301-1568

3. Date Incorporated or Qualified 01/08/1962  
3a. Date of Last Report 04/23/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-0691506	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input checked="" type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
24	29	30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIAMS, FRANK  
5333 PEMBRIDGE PLACE  
TALLAHASSEE FL 32308

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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 N. Frank Williams - N. Frank Williams  
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROP, DANIEL N	1.2 NAME	
STREET ADDRESS	4300 S. PINE AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34480	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, ROBERT	2.2 NAME	Young, Robert
STREET ADDRESS	5600 US 98 NORTH #7	2.3 STREET ADDRESS	5600 US 98 North #7
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	Lakeland, FL 33809
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	T/D <input checked="" 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 33807-5728	3.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICK LEITER	4.2 NAME	
STREET ADDRESS	3801 BEE RIDGE ROAD # 12	4.3 STREET ADDRESS	478 Chickadee Ct.
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	Plant City, FL 33565
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	VP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHRADER, DENNIS	5.2 NAME	
STREET ADDRESS	P.O. BOX 368 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR FL 34895	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (9/96)