

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified
01/08/1962

4. FEI Number 59-0691506	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 2958 Wellington Cr., North Suite, Apt. #, etc. 22 100 City & State 23 Tallahassee, Florida Zip 24 32308	2a. Mailing Address 26 2958 Wellington Cr., North Suite, Apt. #, etc. 27 100 City & State 28 Tallahassee, Florida Zip 29 32308
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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 FL 85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	SD <input type="checkbox"/> DELETE
NAME	ROP, DANIEL N
STREET ADDRESS	4300 S. PINE AVE.
CITY-ST-ZIP	OCALA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	YOUNG, ROBERT
STREET ADDRESS	5600 US 98 NORTH #7
CITY-ST-ZIP	LAKELAND FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	PARNELL, POLIE
STREET ADDRESS	4010 WEST BOY SCOUT BLVD., STE.500
CITY-ST-ZIP	TAMPA FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	DICK LEITER
STREET ADDRESS	478 CHICKADEE CT
CITY-ST-ZIP	PLANT CITY FL
TITLE	VPD <input type="checkbox"/> DELETE
NAME	SCHRADER, DENNIS
STREET ADDRESS	P.O. BOX 368 N/A
CITY-ST-ZIP	SAFETY HARBOR FL
TITLE	D <input type="checkbox"/> DELETE
NAME	WILLIAM MCNATT
STREET ADDRESS	12210 HWY. 301 SOUTH
CITY-ST-ZIP	DADE CITY FL 33525

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE:

[Signature]

REQUIRED

3-13-98

860-907-9111

CP2E037 (10/97)