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Secretary of State

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 703416

1. Corporation Name

FLORIDA MANUFACTURED HOUSING ASSOCIATION, INC.

Principal Place of Business

2958 WELLINGTON CR NORTH  
100  
TALLAHASSEE FL 32308  
US

Mailing Address

2958 WELLINGTON CR NORTH  
100  
TALLAHASSEE FL 32308  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

3. Date Incorporated or Qualified

01/08/1962

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

9. Name and Address of Current Registered Agent

WILLIAMS, FRANK  
5333 PEMBRIDGE PLACE  
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 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  
NAME ROP, DANIEL N  
STREET ADDRESS 4300 S. PINE AVE.  
CITY-ST-ZIP OCALA FL

DELETE

TITLE D  
NAME YOUNG, ROBERT  
STREET ADDRESS 5600 US 98 NORTH #7  
CITY-ST-ZIP LAKELAND FL

DELETE

TITLE TD  
NAME PARNELL POLIE  
STREET ADDRESS 4010 WEST BOY SCOUT BLVD., STE.500  
CITY-ST-ZIP TAMPA FL

DELETE

TITLE PD  
NAME DICK LEITER  
STREET ADDRESS 478 CHICKADEE CT  
CITY-ST-ZIP PLANT CITY FL

DELETE

TITLE VPD  
NAME SCHRADER, DENNIS  
STREET ADDRESS P.O. BOX 368 N/A  
CITY-ST-ZIP SAFETY HARBOR FL

DELETE

TITLE D  
NAME WILLIAM MCNATT  
STREET ADDRESS 12210 HWY. 301 SOUTH  
CITY-ST-ZIP DADE CITY FL 33525

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)