

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 703416
 1. Entity Name
FLORIDA MANUFACTURED HOUSING ASSOCIATION, INC.

Principal Place of Business Mailing Address
 2958 WELLINGTON CR NORTH 2958 WELLINGTON CR NORTH
 100 100
 TALLAHASSEE FL 32308 TALLAHASSEE FL 32308-6806
 US US

FILED
Jun 07, 2000 8:00 am
Secretary of State

05-10-2000 90105 032 ****70.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **59-0691506** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
WILLIAMS, FRANK
5333 PEMBRIDGE PLACE
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.
 SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW:
 FEE IS \$61.25**

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

Make Check Payable to Department of State

10. 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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other I am empowered.

SIGNATURE: Dick Leiter

6/1/00 813/717-7712
 Date Daytime Phone #

CR2037 (9/99)