


2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 703416**

1. Entity 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
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**DO NOT WRITE IN THIS SPACE**



04082006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-0691506	Applied For Not Applicable
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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

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROP, DANIEL N 4300 S. PINE AVE. OCALA, FL 34480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEINER, NELSON 4300 W CYPRESS STREET, SUITE 150 TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ARNOLD, JIM 410 TURKEY CREEK ALACHUA, FL 32615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASHIN, KEN 732 BLOUNTSTOWN HWY TALLAHASSEE, FL 32304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHRADER, DENNIS P.O. BOX 368 N/A SAFETY HARBOR, FL 34695
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATM WILLIAMS, N. FRANK 2958 WELLINGTON CIRCLE NORTH STE 100 TALLAHASSEE, FL 32309

**DO NOT WRITE IN THIS SPACE**

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04/27/06-80036-001 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 817, 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 like empowered.

SIGNATURE: *N. Frank Williams* N. Frank Williams, Pres. Tallahassee 4-10-06 850-907-9111

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #