


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90227 035 *****70.00

UBR0300

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**

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State

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

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 Florida 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	VPD	<input type="checkbox"/> Delete
NAME	HUEY, DAVE	
STREET ADDRESS	5003 BRITANY DRIVE SOUTH STE 4	
CITY-ST-ZIP	SAINT PETERSBURG FL 33715	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PARNELL, POLIE	
STREET ADDRESS	3800 CITIBANK CENTER G3-15	
CITY-ST-ZIP	TAMPA FL 32610	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DICK LEITER	
STREET ADDRESS	10045 CHERRY HILLS AVENUE EAST	
CITY-ST-ZIP	BRADENTON FL 34202	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHRADER, DENNIS	
STREET ADDRESS	P.O. BOX 368 N/A	
CITY-ST-ZIP	SAFETY HARBOR FL	
TITLE	ATM	<input type="checkbox"/> Delete
NAME	WILLIAMS, N. FRANK	
STREET ADDRESS	2958 WELLINGTON CIRCLE NORTH STE 100	
CITY-ST-ZIP	TALLHASSEE FL 32398	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	Ocala, FL 34480	
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 checked="" type="checkbox"/> Addition
NAME	Ken Coshin	
STREET ADDRESS	732 Blountstown Highway	
CITY-ST-ZIP	Tallahassee, FL 32304	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	Safety Harbor, FL 34695	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	Tallahassee, FL 32309	

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 like empowered.

SIGNATURE: *N. Frank Williams* **4-23-03 (850) 907-9111**

CR2E037 (10/02)