

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 703416

**Entity Name:** FLORIDA MANUFACTURED HOUSING ASSOCIATION, INC.

**Current Principal Place of Business:**

1284 TIMBERLANE ROAD  
TALLAHASSEE, FL 32312

**Current Mailing Address:**

1284 TIMBERLANE ROAD  
TALLAHASSEE, FL 32312 US

**FEI Number:** 59-0691506

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

AYOTTE, JAMES R  
1112 LOCH KNOLL COURT  
TALLAHASSEE, FL 32312 US

*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:** JAMES R. AYOTTE

03/11/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name STEINER, MATTHEW  
Address OLD FIREHOUSE #8, 401 S. ALBANY AVENUE  
City-State-Zip: TAMPA FL 33606

Title VP  
Name WEIS, NICOLE  
Address P.O. BOX 234  
City-State-Zip: ST. PETERSBURG FL 33731

Title D  
Name CASHIN, KEN DIR  
Address 732 BLOUNTSTOWN HWY  
City-State-Zip: TALLAHASSEE FL 32304

Title RA  
Name AYOTTE, JAMES R  
Address 1284 TIMBERLANE ROAD  
City-State-Zip: TALLAHASSEE FL 32312

Title PRESIDENT  
Name KELLY, MARK  
Address 605 SOUTH FRONTAGE ROAD  
City-State-Zip: PLANT CITY FL 33563

Title TREASURER  
Name SELBY, DWIGHT  
Address 200 E. GRANADA BLVD., SUITE 207  
City-State-Zip: ORMOND BEACH FL 32176

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JAMES R. AYOTTE

**REGISTERED AGENT**

03/11/2021

Electronic Signature of Signing Officer/Director Detail

Date