

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 703416

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

**Current Principal Place of Business:**

3606 MACLAY BOULEVARD SOUTH  
SUITE 200  
TALLAHASSEE, FL 32312

**Current Mailing Address:**

3606 MACLAY BOULEVARD SOUTH  
SUITE 200  
TALLAHASSEE, FL 32312 US

**FEI Number:** 59-0691506

**Certificate of Status Desired:** No

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

AYOTTE, JAMES REX DIR  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRES  
Name            KING, CYNDI NPRES  
Address        10000 US HWY 98 NORTH  
City-State-Zip: LAKELAND FL 33809

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

Title            SEC  
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 RRA  
Address        3606 MACLAY BOULEVARD SOUTH  
                 SUITE 200  
City-State-Zip: TALLAHASSEE FL 32312

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**

**04/11/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date