

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90272 024 \*\*\*\*70.00

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<b>DOCUMENT # 703416</b> 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04212005 Chg-NP CR2E037 (10/03) 4. FEI Number 59-0691506	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WILLIAMS, FRANK 5333 PEMBRIDGE PLACE TALLAHASSEE, FL 32308			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROP, DANIEL N		NAME		
STREET ADDRESS	4300 S. PINE AVE.		STREET ADDRESS		
CITY - ST - ZIP	OCALA, FL 34480		CITY - ST - ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HUEY, DAVE		NAME	PD Nelson Steiner	
STREET ADDRESS	5003 BRITANY DRIVE SOUTH STE 4		STREET ADDRESS	4300 W. Cypress St, Ste 150	
CITY - ST - ZIP	SAINT PETERSBURG, FL 33715		CITY - ST - ZIP	Tampa, FL 33607	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PARNELL, POLIE		NAME	TD Jim Arnold	
STREET ADDRESS	3800 CITIBANK CENTER G3-15		STREET ADDRESS	410 Turkey Creek	
CITY - ST - ZIP	TAMPA, FL 32610		CITY - ST - ZIP	Alachua, FL 32615	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CASHIN, KEN		NAME		
STREET ADDRESS	732 BLOUNTSTOWN HWY		STREET ADDRESS		
CITY - ST - ZIP	TALLAHASSEE, FL 32304		CITY - ST - ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHRADER, DENNIS		NAME	D	
STREET ADDRESS	P.O. BOX 368 N/A		STREET ADDRESS		
CITY - ST - ZIP	SAFETY HARBOR, FL 34695		CITY - ST - ZIP		
TITLE	ATM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, N. FRANK		NAME	N. Frank Williams	
STREET ADDRESS	2958 WELLINGTON CIRCLE NORTH STE 100		STREET ADDRESS		
CITY - ST - ZIP	TALLAHASSEE, FL 32309		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 like empowered.					
<b>SIGNATURE: N. Frank Williams - Assist Treasurer</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-22-05 850-907-9111 <small>Date Daytime Phone #</small>		