

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703416

FILED  
Jan 17, 2008  
Secretary of State

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

## Current Principal Place of Business:

2958 WELLINGTON CR NORTH  
100  
TALLAHASSEE, FL 32308 US

## Current Mailing Address:

2958 WELLINGTON CR NORTH  
100  
TALLAHASSEE, FL 32308 US

## New Principal Place of Business:

2958 WELLINGTON CR NORTH  
100  
TALLAHASSEE, FL 32309 US

## New Mailing Address:

2958 WELLINGTON CR NORTH  
100  
TALLAHASSEE, FL 32309 US

FEI Number: 59-0691506

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AYOTTE, JAMES R  
7983 LACHKNOLL LN  
TALLAHASSEE, FL 32312 US

## Name and Address of New Registered Agent:

AYOTTE, JAMES R  
7983 LOCH KNOLL LN  
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

01/17/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: SD ( ) Delete  
Name: ROP, DANIEL N  
Address: 4300 S. PINE AVE.  
City-St-Zip: OCALA, FL 34480

Title: PD ( ) Delete  
Name: STEINER, NELSON  
Address: 4300 W CYPRESS STREET, SUITE 150  
City-St-Zip: TAMPA, FL 33607

Title: TD ( ) Delete  
Name: ARNOLD, JIM  
Address: 410 TURKEY CREEK  
City-St-Zip: ALACHUA, FL 32615

Title: D ( ) Delete  
Name: CASHIN, KEN  
Address: 732 BLOUNTSTOWN HWY  
City-St-Zip: TALLAHASSEE, FL 32304

Title: D ( ) Delete  
Name: SCHRADER, DENNIS  
Address: P.O. BOX 368 N/A  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: ATM ( ) Delete  
Name: AYOTTE, JAMES R  
Address: 2958 WELLINGTON CIRCLE NORTH STE 100  
City-St-Zip: TALLAHASSEE, FL 32309

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD (X) Change ( ) Addition  
Name: STEINER, NELSON  
Address: OLD FIREHOUSE #8, 401 S. ALBANY AVENUE  
City-St-Zip: TAMPA, FL 33606

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JAMES R. AYOTTE

ATM

01/17/2008

Electronic Signature of Signing Officer or Director

Date