


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000001500 1. Entity Name JETPORT PARK NON-RESIDENTIAL PROPERTY OWNERS ASSOCIATION, INC.	
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Principal Place of Business C/O JETPORT PARK 255 S. ORANGE AVE 1540 CITRUS CENTER ORLANDO, FL 32801	Mailing Address C/O JETPORT PARK 255 S. ORANGE AVE 1540 CITRUS CENTER ORLANDO, FL 32801
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01072004 No Chg-NP CR2E037 (10/03)

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4. FEI Number 59-3650860	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WHIDDON, H. FLOYD JR
255 S. ORANGE AVE., STE. 1540 CITRUS CEN
ORLANDO, FL 32801**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EIDSON, GEORGE T JR 255 S. ORANGE AVE., STE. 1100 CITRUS CENTE ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHIDDON, FLOYD H JR 255 S ORANGE AVE, STE 1540 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D "SONNY" BISHOP, WILLIAM D SR 1800 E. COLONIAL DR. ORLANDO, FL 32802
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/23/04-80057-017 61.25

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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:  **1-20-04** **402-649-4700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #