


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N00000001500

1. Entity Name
JETPORT PARK NON-RESIDENTIAL PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address

420 S. ORANGE AVENUE #1200 **420 S. ORANGE AVENUE #1200**
ORLANDO, FL 32751 **ORLANDO, FL 32751**

DO NOT WRITE IN THIS SPACE



01252008 No Chg-NP CR2E037 (4/06)

4. FEI Number Applied For
59-3650860 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WHIDDON, H. FLOYD JR
340 N. MAITLAND AVENUE
SUITE 110
MAITLAND, FL 32751

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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, 2008

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

000000858247
04/01/08-80037-022 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	EIDSON, GEORGE T JR
STREET ADDRESS	420 S. ORANGE AVE., STE. 1200
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	D
NAME	WHIDDON, FLOYD H JR
STREET ADDRESS	340 N. MAITLAND AVENUE, SUITE 110
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	D
NAME	"SONNY" BISHOP, WILLIAM D SR
STREET ADDRESS	1800 E. COLONIAL DR.
CITY-ST-ZIP	ORLANDO, FL 32802
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **1-25-2008** **407-644-4400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #