FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N29305 (2)

1. Corporation Name

JET PARK MOBILE HOME OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
506 5TH AVE W. PALMETTO FL 34221	506 5TH AVE W. PALMETTO FL 34221

3. Date Incorporated or Qualified: 11/16/1988

3a. Date of Last Report: 05/01/1995

4. FEI Number: 59-2661645 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

DOMBER, HARLAN R.
2801 FRUITVILLE RD
STE 150
SARASOTA FL 34237

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P RENO, RUSSELL 506-5TH AVE W #144 PALMETTO FL	☒ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V DIAMON, BETTY 506 5TH AVE W. #243 PALMETTO FL	☒ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROBY, MARSHALL 506 5TH AVE W #186 PALMETTO FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HUBLER, JACK 506 5TH AVE W #17A PALMETTO FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T POLING, HARRY 506 5TH AVE W. #74-A PALMETTO FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOUSER, GALE 506 5TH AVE W. #119 PALMETTO FL	☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D IRECTOR LENT, ROBERT 506 5TH AVE W #314 PALMETTO FL	☐ Change ☒ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VICE PRESIDENT THOMPSON, HAZEL 506 5TH AVE W #69A PALMETTO FL	☐ Change ☒ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	TREASURER	☒ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	PRESIDENT	☒ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	DIRECTOR	☒ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	SECRETARY KIRKPATRICK, CLAIR 506 5TH AVE W #35A PALMETTO FL	☐ Change ☒ Addition

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Marshall W Roby Gaty MARSHALL W ROBY TREASURER 4-19-96 (941) 722-1711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0064585