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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 34221-5216

3. Date Incorporated or Qualified: **11/16/1988**
3a. Date of Last Report: **04/24/1996**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

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

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: DOMBER, HARLAN R.
82 Street Address (P.O. Box Number is Not Acceptable): 3900 Clark Road, Suite L-1
83
84 City: Sarasota, FL 85 Zip Code: 34233

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LENT, ROBERT 506 5TH AVENUE #214 PALMETTO FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 207 Tankey Dr.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V THOMSPON, HAZEL 506 5TH AVE W. #243 PALMETTO FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition 278 Melody Lane
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ROBY, MARSHALL 506 5TH AVE W #186 PALMETTO FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☒ Change ☐ Addition 122 Ohio
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HUBLER, JACK 506 5TH AVE W #17A PALMETTO FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☒ Change ☐ Addition 224 Merry Lane
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D POLING, HARRY 506 5TH AVE W. #74-A PALMETTO FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☒ Change ☐ Addition 289 Flora-Mana
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KIRKPATRICK, CLAIR 506 5TH AVENEU WEST #35A PALMETTO FL	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☒ Change ☐ Addition 244 Palm Lane

CR2E037 (9/96)

14. I do 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 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: Marshall W. Roby REQUIRED Marshall W. Roby 2/12/97 782-1711
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone # 0062256