

DOCUMENT # N29305

1. Entity Name

JET PARK MOBILE HOME OWNERS ASSOCIATION, INC.

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90075 010 ****61.25

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2661645	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
DOMBER, HARLAN R. 3900 CLARK RD L-1 SARASOTA FL 34233			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code

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.

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	Vice P	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRAMER, EDWARD		NAME	MILLER, KENNETH	
STREET ADDRESS	210 MERRY LANE		STREET ADDRESS	214 MERRY LANE	
CITY-ST-ZIP	PALMETTO FL 34221		CITY-ST-ZIP	PALMETTO, FL. 34221	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, HAZEL		NAME		
STREET ADDRESS	278 MELODY LN		STREET ADDRESS		
CITY-ST-ZIP	PALMETTO FL		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBY, MARSHALL		NAME		
STREET ADDRESS	122 OHIO		STREET ADDRESS		
CITY-ST-ZIP	PALMETTO FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUBLER, JACK		NAME		
STREET ADDRESS	224 MERRY LANE		STREET ADDRESS		
CITY-ST-ZIP	PALMETTO FL		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLING, HARRY		NAME		
STREET ADDRESS	289 FLORA-MANA		STREET ADDRESS		
CITY-ST-ZIP	PALMETTO FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DWINELL, MARCELINE		NAME		
STREET ADDRESS	223 MERRY LANE		STREET ADDRESS		
CITY-ST-ZIP	PALMETTO FL 34221		CITY-ST-ZIP		

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: *Marshall Roby* 1-4-01 941222-1711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

00745
CR2E037 (10/00)