

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N29305

FILED
Oct 17, 2006
Secretary of State

Entity Name: JET PARK MOBILE HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

JET MOBILE HOME PARK
PALMETTO, FL 34221

New Principal Place of Business:

Current Mailing Address:

506 5TH AVE W.
PALMETTO, FL 34221

New Mailing Address:

FEI Number: 59-2661645

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOMBER, HARLAN R.
3900 CLARK RD
L-1
SARASOTA, FL 34233 US

Name and Address of New Registered Agent:

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: HARLAN R DOMBER

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: CRAMER, EDWARD
Address: 210 MERRY LANE
City-St-Zip: PALMETTO, FL 34221

Title: D () Delete
Name: DWINELL, MARCELINE
Address: 223 MERRY LN
City-St-Zip: PALMETTO, FL 34221

Title: D () Delete
Name: MILLER, KENNETH
Address: 214 MERRY LANE
City-St-Zip: PALMETTO, FL 34221

Title: D () Delete
Name: GLASGOW, WILLIAM
Address: 201 TANKEY
City-St-Zip: PALMETTO, FL 34221

Title: P () Delete
Name: POLING, HARRY
Address: 289 FLORA-MANA
City-St-Zip: PALMETTO, FL 34221

Title: D () Delete
Name: ADLER, ANN
Address: 232 PALM LANE
City-St-Zip: PALMETTO, FL 34221

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANN ADLER

D

10/17/2006

Electronic Signature of Signing Officer or Director

Date