2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007
Secretary of State

DOCUMENT# N29305

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: _____

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 02/05/2007

Electronic Signature of Signing Officer or Director — Date