
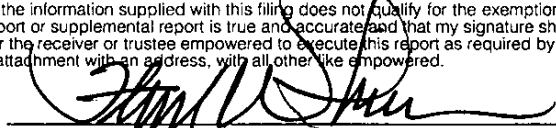


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90171 029 ****61.25

DOCUMENT # N00000001500					
1. Entity Name JETPORT PARK NON-RESIDENTIAL PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business C/O JETPORT PARK 255 S. ORANGE AVE 1540 CITRUS CENTER ORLANDO, FL 32801			Mailing Address C/O JETPORT PARK 255 S. ORANGE AVE 1540 CITRUS CENTER ORLANDO, FL 32801		
2. Principal Place of Business		3. Mailing Address		04212006 Chg-NP CR2E037 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3650860	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WHIDDON, H. FLOYD JR 255 S. ORANGE AVE., STE. 1540 CITRUS CEN ORLANDO, FL 32801			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee Is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <input checked="" type="checkbox"/> NAME <input checked="" type="checkbox"/> STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete EIDSON, GEORGE T JR 255 S. ORANGE AVE., STE. 1100 CITRUS CENTE ORLANDO, FL 32801			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input checked="" type="checkbox"/> NAME <input checked="" type="checkbox"/> STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete WHIDDON, FLOYD H JR 255 S ORANGE AVE, STE 1540 ORLANDO, FL 32801			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input checked="" type="checkbox"/> NAME <input checked="" type="checkbox"/> STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete "SONNY" BISHOP, WILLIAM D SR 1800 E. COLONIAL DR. ORLANDO, FL 32802			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> NAME <input type="checkbox"/> STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> NAME <input type="checkbox"/> STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> NAME <input type="checkbox"/> STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 				Date: April 23, 2006 Daytime Phone #: 407 649 4700	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					