


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N00000001500 1. Entity Name JETPORT PARK NON-RESIDENTIAL PROPERTY OWNERS ASSOCIATION, INC.	
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Principal Place of Business 420 S. ORANGE AVENUE #1200 ORLANDO, FL 32751	Mailing Address 420 S. ORANGE AVENUE #1200 ORLANDO, FL 32751
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DO NOT WRITE IN THIS SPACE



01252008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3650860	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WHIDDON, H. FLOYD JR 340 N. MAITLAND AVENUE SUITE 110 MAITLAND, FL 32751

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IN THIS SPACE**

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)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000858247 04/01/08-80037-022 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EIDSON, GEORGE T JR 420 S. ORANGE AVE., STE. 1200 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHIDDON, FLOYD H JR 340 N. MAITLAND AVENUE, SUITE 110 MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D "SONNY" BISHOP, WILLIAM D SR 1800 E. COLONIAL DR. ORLANDO, FL 32802
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	1-25-2008 <small>Date</small>	407-644-4400 <small>Daytime Phone #</small>
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