


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 09, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # N17660</b>		
1. Entity Name <b>JETSTREAM SUBDIVISION PROPERTY OWNERS ASSOCIATION, INC.</b>		
Principal Place of Business <b>2550 N.W. 72ND AVE. #101 MIAMI, FL 33122</b>	Mailing Address <b>2550 N.W. 72ND AVE. #101 MIAMI, FL 33122</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>OROVITZ, MARK 2550 N.W. 72ND AVE. #101 MIAMI, FL 33122</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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.  <b>MARK S. OROVITZ</b> SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U00000379527 01/10/06-80025-014 61.25</b>
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OROVITZ, MARK 2550 N.W. 72ND AVE. # 101 MIAMI, FL 33122	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD OROVITZ, JAMES W 13635 DEERING BAY DRIVE # 224 MIAMI, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MERRITT, RALPH J 9015 NW 13 TERR MIAMI, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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>		<b>MARK S. OROVITZ</b> Date <b>1/5/06</b> Daytime Phone # <b>305 594-9311</b>



01052006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>65-0400668</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	