2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N17660

1. Entity Name
JETSTREAM SUBDIVISION PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2550 N.W. 72ND AVE. #101 MIAMI, FL 33122	2550 N.W. 72ND AVE. #101 MIAMI, FL 33122

DO NOT WRITE IN THIS SPACE

01072008   No Chg-NP   CR2E037 (4/06)

4. FEI Number		Applied For
65-0400668		Not Applicable
5. Certificate of Status Desired	☐	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

OROVITZ, MARK
2550 N.W. 72ND AVE.
#101
MIAMI, FL 33122

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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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $61.25 **Due by May 1, 2008**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	OROVITZ, MARK
STREET ADDRESS	2550 N.W. 72ND AVE. # 101
CITY-ST-ZIP	MIAMI, FL 33122
TITLE	VTD
NAME	OROVITZ, JAMES W
STREET ADDRESS	13635 DEERING BAY DRIVE # 224
CITY-ST-ZIP	MIAMI, FL
TITLE	SD
NAME	MERRITT, RALPH J
STREET ADDRESS	9015 NW 13 TERR
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____   1/7/08   305 594-9311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #