


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N29305</b>	
<b>1. Entity Name</b> JET PARK MOBILE HOME OWNERS ASSOCIATION, INC.	

<b>Principal Place of Business</b> JET MOBILE HOME PARK PALMETTO FL 34221	<b>Mailing Address</b> 506 5TH AVE W. PALMETTO FL 34221
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<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b>		<b>City &amp; State</b>	
<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>

1st MOORE CR2E037 (10/07)

<b>6. Name and Address of Current Registered Agent</b>	
DOMBER, HARLAN R. 3900 CLARK RD L-1 SARASOTA FL 34233	

<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
FL	


**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 registering.) **DATE** \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2008</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> VP	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> CRAMER, EDWARD		<b>NAME</b>	
<b>STREET ADDRESS</b> 210 MERRY LANE		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> PALMETTO FL 34221		<b>CITY-ST-ZIP</b>	
<b>TITLE</b> D	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> DWINELL, MARCELINE		<b>NAME</b>	
<b>STREET ADDRESS</b> 223 MERRY LN		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> PALMETTO FL 34221		<b>CITY-ST-ZIP</b>	
<b>TITLE</b> D	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> MILLER, KENNETH		<b>NAME</b>	
<b>STREET ADDRESS</b> 214 MERRY LANE		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> PALMETTO FL 34221		<b>CITY-ST-ZIP</b>	
<b>TITLE</b> D	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> GLASGOW, WILLIAM		<b>NAME</b>	
<b>STREET ADDRESS</b> 201 TANKEY		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> PALMETTO FL 34221		<b>CITY-ST-ZIP</b>	
<b>TITLE</b> P	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> POLING, HARRY		<b>NAME</b>	
<b>STREET ADDRESS</b> 289 FLORA-MANA		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> PALMETTO FL 34221		<b>CITY-ST-ZIP</b>	
<b>TITLE</b> D	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> ADLER, ANN		<b>NAME</b>	
<b>STREET ADDRESS</b> 232 PALM LANE		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> PALMETTO FL 34221		<b>CITY-ST-ZIP</b>	

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**  **Treasurer** 1-31-08 941-722 1711