

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29305

FILED  
Mar 25, 2009  
Secretary of State

**Entity Name:** JET PARK MOBILE HOME OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

JET MOBILE HOME PARK  
PALMETTO, FL 34221

**New Principal Place of Business:**

**Current Mailing Address:**

506 5TH AVE W.  
PALMETTO, FL 34221

**New Mailing Address:**

**FEI Number:** 59-2661645

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DOMBER, HARLAN R.  
3900 CLARK RD  
L-1  
SARASOTA, FL 34233 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: CRAMER, EDWARD  
Address: 210 MERRY LANE  
City-St-Zip: PALMETTO, FL 34221

Title: D ( ) Delete  
Name: DWINELL, MARCELINE  
Address: 223 MERRY LN  
City-St-Zip: PALMETTO, FL 34221

Title: D ( ) Delete  
Name: MILLER, KENNETH  
Address: 214 MERRY LANE  
City-St-Zip: PALMETTO, FL 34221

Title: D ( ) Delete  
Name: GLASGOW, WILLIAM  
Address: 201 TANKEY  
City-St-Zip: PALMETTO, FL 34221

Title: P ( ) Delete  
Name: POLING, HARRY  
Address: 289 FLORA-MANA  
City-St-Zip: PALMETTO, FL 34221

Title: D ( ) Delete  
Name: ADLER, ANN  
Address: 232 PALM LANE  
City-St-Zip: PALMETTO, FL 34221

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN C HANKS

CPA

03/25/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date