

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 758691 (0)

1. Corporation Name
SABAL PALM EXTENSION ASSOCIATION, INC.



Principal Place of Business Mailing Address
4530 TAMiami TRAIL #3 NAPLES FL 33940 4530 TAMiami TRAIL #3 NAPLES FL 33940

3. Date Incorporated or Qualified 06/09/1981 3a. Date of Last Report 07/06/1995

2. Principal Place of Business 21 3255 N. TAMiami TR 22 Suite, Apt. #, etc. 23 NAPLES FL 24 33940 25 USA 26 3255 N. TAMiami TR 27 Suite, Apt. #, etc. 28 NAPLES FL 29 33940 30 USA 4. FEI Number 59-2107545 Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent MCTAGUE, JAMES A 4530 TAMiami TRAIL N NAPLES FL 33940 10. Name and Address of New Registered Agent 81 Name JOSEPH E. TOWNSEND 82 Street Address (P.O. Box Number is Not Acceptable) 83 3255 N. TAMiami TR 84 City NAPLES FL 85 Zip Code 33940

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE [Signature] (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPS <input type="checkbox"/> DELETE	1.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCTAGUE, JAMES A	1.2 NAME	EMILIO BAERY
STREET ADDRESS	4530 N TAMiami TR	1.3 STREET ADDRESS	315 15th ST S.W
CITY-ST-ZIP	NAPLES FL 33940	1.4 CITY-ST-ZIP	Naples, FL 33964
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOWNSEND, JOSEPH E.	2.2 NAME	PHILIP KEYES
STREET ADDRESS	4530 N TAMiami TR	2.3 STREET ADDRESS	3255 N. TAMiami TR
CITY-ST-ZIP	NAPLES FL 33940	2.4 CITY-ST-ZIP	NAPLES, FL 33940
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BREWER, RICHARD	3.2 NAME	
STREET ADDRESS	8158 LAKE SAN CARLOS CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33912	3.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORELISSE, HENDRIK	4.2 NAME	HOWARD GALOUT
STREET ADDRESS	113 PALMETTO DUNES CIR	4.3 STREET ADDRESS	3255 N. TAMiami TR.
CITY-ST-ZIP	NAPLES FL 33940	4.4 CITY-ST-ZIP	NAPLES, FL 33940
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMBELL, ANDY	5.2 NAME	
STREET ADDRESS	404 MARATHON COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33962	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUTCHINSON, LIONEL	6.2 NAME	
STREET ADDRESS	13595 SW 83RD CT	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, unchanged, or on an attachment with a new address.

SIGNATURE: [Signature] 4/15/96 941-261-3408 Date Daytime Phone #

CR2E037 (12/95)