


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90061 026 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 758691
 1. Corporation Name
SABAL PALM EXTENSION ASSOCIATION, INC.

Principal Place of Business 3255 N TAMiami TRAIL NAPLES FL 33940 US	Mailing Address 3255 N TAMiami TRAIL NAPLES FL 33940 US
--	--



21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 06/09/1981
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2107545
23. City & State	27. City & State	Applied For Not Applicable
24. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
25. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
30. Country		

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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	VPD
NAME	MCTAGUE, JAMES A	1.2 NAME	JOSEPH E TOWNSEND
STREET ADDRESS	4530 N TAMiami TR	1.3 STREET ADDRESS	3255 N. TAMiami TR
CITY-ST-ZIP	NAPLES FL 33940	1.4 CITY-ST-ZIP	NAPLES, FL 34103
TITLE	PD	2.1 TITLE	PD
NAME	TOWNSEND, JOSEPH E	2.2 NAME	EMILIO BAEZ
STREET ADDRESS	4530 N TAMiami TR	2.3 STREET ADDRESS	315 15th ST SW
CITY-ST-ZIP	NAPLES FL 33940	2.4 CITY-ST-ZIP	NAPLES, FL 34117
TITLE	ST	3.1 TITLE	
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	D	4.1 TITLE	
NAME	BALY, EMILIO	4.2 NAME	
STREET ADDRESS	315 15TH ST S.W.	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33964	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	KEYES, PHILIP	5.2 NAME	
STREET ADDRESS	3255 N. TAMiami TR	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33940	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	GALBUT, HOWARD	6.2 NAME	
STREET ADDRESS	3255 N. TAMiami TR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33940	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH E TOWNSEND 4/13/99 941-261-3400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

REC-2796 CR2E037 (11/98)