

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

2a. Mailing Address

21 3255 N. TAMiami TR

26 3255 N. TAMiami TR

4. FEI Number

59-2107545

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23 NAPLES FL

28 NAPLES FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 33940

25 USA

29 33940

30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☒

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCTAGUE, JAMES A
4530 TAMiami TRAIL N
NAPLES FL 33940

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP
NAME MCTAGUE, JAMES A
STREET ADDRESS 4530 N TAMiami TR
CITY-ST-ZIP NAPLES FL 33940 ☐ DELETE

1.1 TITLE DIRECTOR
1.2 NAME EMILIO BAERY
1.3 STREET ADDRESS 315 15th ST S.W.
1.4 CITY-ST-ZIP Naples, FL 33964 ☐ Change ☒ Addition

TITLE PD
NAME TOWNSEND, JOSEPH E.
STREET ADDRESS 4530 N TAMiami TR
CITY-ST-ZIP NAPLES FL 33940 ☐ DELETE

2.1 TITLE DIRECTOR
2.2 NAME PHILIP KEYES
2.3 STREET ADDRESS 3255 N. TAMiami TR
2.4 CITY-ST-ZIP NAPLES, FL 33940 ☐ Change ☒ Addition

TITLE ST
NAME BREWER, RICHARD
STREET ADDRESS 8158 LAKE SAN CARLOS CIRCLE
CITY-ST-ZIP FT MYERS FL 33912 ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☒ Addition

TITLE TD
NAME MORELISSE, HENDRIK
STREET ADDRESS 113 PALMETTO DUNES CIR
CITY-ST-ZIP NAPLES FL 33940 ☒ DELETE

4.1 TITLE DIRECTOR
4.2 NAME HOWARD GALOUT
4.3 STREET ADDRESS 3255 N. TAMiami TR.
4.4 CITY-ST-ZIP NAPLES, FL 33940 ☐ Change ☒ Addition

TITLE D
NAME CAMBELL, ANDY
STREET ADDRESS 404 MARATHON COURT
CITY-ST-ZIP NAPLES FL 33962 ☒ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME HUTCHINSON, LIONEL
STREET ADDRESS 13595 SW 83RD CT
CITY-ST-ZIP MIAMI FL ☒ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/96

941-261-3408

CR2E037 (12/95)