


FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **758691** (0)

1. Corporation Name

SABAL PALM EXTENSION ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**3255 N TAMiami TRAIL
NAPLES FL 33940
US**

**3255 N TAMiami TRAIL
NAPLES FL 34103-4106
US**



3. Date Incorporated or Qualified **06/09/1981** 3a. Date of Last Report **04/18/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 <i>Same</i>		26 <i>Same</i>		59-2107545		<input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		Trust Fund Contribution		<input type="checkbox"/>	
23		28		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip	Country	Zip	Country				
24	25	29	30				

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	<i>Same</i>
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

No change

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCTAGUE, JAMES A	1.2 NAME	
STREET ADDRESS	4530 N TAMiami TR	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33940	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOWNSEND, JOSEPH E	2.2 NAME	
STREET ADDRESS	4530 N TAMiami TR	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33940	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input 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	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 do 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.

SIGNATURE:

JOSEPH TOWNSEND **JOSEPH TOWNSEND** 5/12/97 9412613400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0058881

CR2ED37 (9/96)