


FILE NOW: FILING FEE IS \$61.25

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

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

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 758691</b>					
1. Corporation Name <b>SABAL PALM EXTENSION ASSOCIATION, INC.</b>					
Principal Place of Business 3255 N TAMiami TRAIL NAPLES FL 33940 US			Mailing Address 3255 N TAMiami TRAIL NAPLES FL 33940 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 06/09/1981 4. FEI Number 59-2107545 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent <b>TOWNSEND, JOSEPH E</b> 3255 N TAMiami TRAIL NAPLES FL 33940			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>		
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 VPD NAME MCTAGUE, JAMES A STREET ADDRESS 4530 N TAMiami TR CITY-ST-ZIP NAPLES FL 33940 <input checked="" type="checkbox"/> DELETE			1.1 TITLE VPD 1.2 NAME JOSEPH E TOWNSEND 1.3 STREET ADDRESS 3255 N. TAMiami TR 1.4 CITY-ST-ZIP NAPLES, FL 34103 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE PD NAME TOWNSEND, JOSEPH E STREET ADDRESS 4530 N TAMiami TR CITY-ST-ZIP NAPLES FL 33940 <input checked="" type="checkbox"/> DELETE			2.1 TITLE PD 2.2 NAME EMILIO BAEZ 2.3 STREET ADDRESS 313 15th ST SW 2.4 CITY-ST-ZIP NAPLES, FL 34117 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE ST NAME BREWER, RICHARD STREET ADDRESS 8158 LAKE SAN CARLOS CIRCLE CITY-ST-ZIP FT MYERS FL 33912 <input checked="" type="checkbox"/> DELETE			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D NAME BALLY, EMILIO STREET ADDRESS 315 15TH ST S.W. CITY-ST-ZIP NAPLES FL 33964 <input checked="" type="checkbox"/> DELETE			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D NAME KEYES, PHILIP STREET ADDRESS 3255 N. TAMiami TR CITY-ST-ZIP NAPLES FL 33940 <input type="checkbox"/> DELETE			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D NAME GALBUT, HOWARD STREET ADDRESS 3255 N. TAMiami TR. CITY-ST-ZIP NAPLES FL 33940 <input type="checkbox"/> DELETE			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		

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 #