

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758691

FILED
Apr 27, 2004
Secretary of State**Entity Name:** SABAL PALM EXTENSION ASSOCIATION, INC.**Current Principal Place of Business:**315 15TH NW
NAPLES, FL 34120 US**New Principal Place of Business:****Current Mailing Address:**315 15TH NW
NAPLES, FL 34120 US**New Mailing Address:****FEI Number:** 59-2107545**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BAEZ, EMILIO
315 15TH STREET NW
NAPLES, FL 34120 US**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: BAEZ, EMILIO
Address: 315 15TH ST SW
City-St-Zip: NAPLES, FL 34117**Title:** VPD () Delete
Name: LUPE, MORERA
Address: 3545 23RD AVE SW
City-St-Zip: NAPLES, FL 34117**Title:** SD () Delete
Name: WALLS, JEFFERY G
Address: 45 ESTHER STREET
City-St-Zip: NAPLES, FL 34120**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EMILIO BAEZ

PD

04/27/2004

Electronic Signature of Signing Officer or Director

Date