

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005002

FILED
Feb 23, 2004
Secretary of State**Entity Name:** SOUTHERN EXTREME WATER SKI TEAM, INC.**Current Principal Place of Business:**118 WILLOWICK DR
NAPLES, FL 34110**New Principal Place of Business:****Current Mailing Address:**118 WILLOWICK DR
NAPLES, FL 34110**New Mailing Address:****FEI Number:** 59-3596722**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**REINERTSEN, DAVID P
118 WILLOWICK DR
NAPLES, FL 34110**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: REINERTSEN, DAVID P
Address: 118 WILLOWICK DR
City-St-Zip: NAPLES, FL 34110

Title: T () Delete
Name: ENGELDINGER, CHAD
Address: 21629 WINDHAM RUN
City-St-Zip: ESTERO, FL 33928

Title: V () Delete
Name: SHENK, JEFF
Address: 899 COLDSTREAM CT
City-St-Zip: NAPLES, FL 34104

Title: SD () Delete
Name: SPACK, JEAN
Address: 22482 FOUNTAIN LAKES DR
City-St-Zip: ESTERO, FL 33928

Title: DT () Delete
Name: HIGGS, ANTHONY
Address: 20857 PINEHURST GREENS DR
City-St-Zip: ESTERO, FL 33928

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SCHIAFONE, TED A
Address: 5110 HARBORAGE DRIVE
City-St-Zip: FT. MYERS, FL 33908

Title: T (X) Change () Addition
Name: GUTTIERI, JOE
Address: 5242 SW 20TH PL
City-St-Zip: CAPE CORAL, FL 33914

Title: V (X) Change () Addition
Name: PANKOW, CHARLIE
Address: 1215 LA FAUNCE WAY
City-St-Zip: FT. MYERS, FL 33919

Title: SD (X) Change () Addition
Name: MAY, JEAN
Address: 22482 FOUNTAIN LAKES DR
City-St-Zip: ESTERO, FL 33928

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: TED SCHIAFONE

PD

02/23/2004

Electronic Signature of Signing Officer or Director

Date