

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005002

FILED
Apr 26, 2006
Secretary of State

Entity Name: SOUTHERN EXTREME WATER SKI TEAM, INC.

Current Principal Place of Business:

850 G MEADOWLANDS DR
NAPLES, FL 34104

New Principal Place of Business:

9961 BOCA AVE NORTH
NAPLES, FL 34109

Current Mailing Address:

850 G MEADOWLANDS DR
NAPLES, FL 34104

New Mailing Address:

9961 BOCA AVE NORTH
NAPLES, FL 34109

FEI Number: 59-3596722

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAPES, APRIL L
8034 VERA CRUZ WAY
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

MAPES, APRIL L
9961 BOCA AVE NORTH
NAPLES, FL 34109 US

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:

04/26/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MAPES, APRIL L
Address: 8034 VERA CRUZ WAY
City-St-Zip: NAPLES, FL 34109

Title: T () Delete
Name: REINERTSEN, SARAH
Address: 118 WILLOWICK DR
City-St-Zip: NAPLES, FL 34110

Title: V () Delete
Name: SCHIAFONE, CHERIE
Address: 5110 HARBORAGE DR
City-St-Zip: FT. MYERS, FL 33908

Title: DT () Delete
Name: SOUTHWELL, SHELLEY
Address: 3180 BECK BLVD
City-St-Zip: NAPLES, FL 34114

Title: SD () Delete
Name: AMES, KATHY
Address: 850 G MEADOWLANDS DR
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CARLYLE, DAVID K
Address: 3140 66TH ST SW
City-St-Zip: NAPLES, FL 34105

Title: T (X) Change () Addition
Name: MAPES, APRIL
Address: 9961 BOCA AVE NORTH
City-St-Zip: NAPLES, FL 34109

Title: V (X) Change () Addition
Name: SPACK, JEAN
Address: 118 WILLOWICK DR
City-St-Zip: NAPLES, FL 34110

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

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 Chapter 119, 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: APRIL L MAPES

T

04/26/2006

Electronic Signature of Signing Officer or Director

Date