

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005002

FILED
Apr 03, 2007
Secretary of State

Entity Name: SOUTHERN EXTREME WATER SKI TEAM, INC.

Current Principal Place of Business:

9961 BOCA AVE NORTH
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

9961 BOCA AVE NORTH
NAPLES, FL 34109

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:

MAPES, APRIL L
9961 BOCA AVE NORTH
NAPLES, FL 34109 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: CARLYLE, DAVID K
Address: 3140 66TH ST SW
City-St-Zip: NAPLES, FL 34105

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

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

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

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: SIKER, SHAWN
Address: 3150 BUNNING RUN
City-St-Zip: N FT. MYERS, FL 33917

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: FIALA, TODD
Address: 1122 13TH ST N
City-St-Zip: NAPLES, FL 34102

Title: DT (X) Change () Addition
Name: REINERTSEN, DAVID
Address: 118 WILLOWICK DR
City-St-Zip: NAPLES, FL 34110

Title: SD (X) Change () Addition
Name: SCHOBBER, HOLLY
Address: 95 ERIE DR.
City-St-Zip: NAPLES, FL 34110

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

04/03/2007

Electronic Signature of Signing Officer or Director

Date