


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N48835 (5) 1. Corporation Name CANADIAN SNOWBIRD ASSOCIATION INC.			
Principal Place of Business		Mailing Address	
350 GULF BLVD INDIAN ROCKS BEACH FL 34635 US		350 GULF BLVD INDIAN ROCKS BEACH FL 33785-2538 US	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
24 Country		29 Country	
30		31	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WEYLIE, WALLACE J. D. 350 GULF BLVD. INDIAN ROCKS BEACH FL 34635 33785		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
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			
(NOTE: Registered Agent signature required when reinstating)			
DATE			
12. OFFICERS AND DIRECTORS			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	
NAME	PARRY, JACK		
STREET ADDRESS	RR #2 N/A		
CITY - ST - ZIP	MOUNTAIN ON		
TITLE	VPD	<input type="checkbox"/> DELETE	
NAME	SLINGER, DONALD		
STREET ADDRESS	P.O. BOX 6, N/A		
CITY - ST - ZIP	PORT SAVERN, ONTARIO L0K1S0 CA		
TITLE	VPD	<input checked="" type="checkbox"/> DELETE	
NAME	POWER, LORNE		
STREET ADDRESS	RR #2, N/A		
CITY - ST - ZIP	TANGIER, NOVA SCOTIA B0J3H4 CA		
TITLE	SD	<input type="checkbox"/> DELETE	
NAME	JEANNERET, KAY		
STREET ADDRESS	#63-20 BRIMWOOD BLVD.		
CITY - ST - ZIP	AGINCOURT, ONTARIO M1V1G7 CA		
TITLE	TD	<input type="checkbox"/> DELETE	
NAME	WALTERS, HAZEN		
STREET ADDRESS	34 HAWKER CR		
CITY - ST - ZIP	GANDER M0L2 CA		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	ROBERTSON, CAROL		
STREET ADDRESS	228 KNIGHTSBRIDGE DR		
CITY - ST - ZIP	WINNIPEG M0X		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP	Port Severn		
3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
3.2 NAME	Robert Jackson		
3.3 STREET ADDRESS	8 Albert St.		
3.4 CITY - ST - ZIP	St. Stephen, NB E3L 2P3 CA		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP	NF A1V 1S9 CA		
6.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			



14. I do 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.

SIGNATURE: Donald Slinger Donald Slinger

Jan 10/97 941-756-2221

CR2E037 (9/96)