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May 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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 34635  
US**

3. Date Incorporated or Qualified

**05/08/1992**

4. FEI Number

**59-3141653**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☐ No

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 33785**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VD** ☐ DELETE  
NAME **JACKSON, ROBERT**  
STREET ADDRESS **8 ALBERT ST**  
CITY-ST-ZIP **ST STEPHEN NB**

1.1 TITLE **PD** ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP **E34 2P3 CA**

TITLE **PD** ☒ DELETE  
NAME **SLINGER, DONALD**  
STREET ADDRESS **P.O. BOX 6, N/A**  
CITY-ST-ZIP **PORT SEVERN ON**

2.1 TITLE **VD** ☐ Change ☒ Addition  
2.2 NAME **PAUL JENKINS**  
2.3 STREET ADDRESS **159 QUEEN ELIZABETH DR.**  
2.4 CITY-ST-ZIP **CHARLOTTETOWN, PEI C1A 3B2**

TITLE **VPD** ☒ DELETE  
NAME **POWER, LORNE**  
STREET ADDRESS **RR #2, N/A**  
CITY-ST-ZIP **TANGIER, NOVA SCOTIA B0J3H4 CA**

3.1 TITLE **SD** ☐ Change ☒ Addition  
3.2 NAME **ELLEN WHITE**  
3.3 STREET ADDRESS **5 DOGWOOD CT.-S4**  
3.4 CITY-ST-ZIP **STROUD, ON L0L 2M0 CAN**

TITLE **SD** ☐ DELETE  
NAME **JEANNERET, KAY**  
STREET ADDRESS **#63-20 BRIMWOOD BLVD.**  
CITY-ST-ZIP **AGINCOURT, ONTARIO M1V1G7 CA**

4.1 TITLE **VD** ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **TD** ☒ DELETE  
NAME **WALTERS, HAZEN**  
STREET ADDRESS **34 HAWKER CR**  
CITY-ST-ZIP **GANDER NGLD CA**

5.1 TITLE **TD** ☐ Change ☒ Addition  
5.2 NAME **ALEXANDER SCOTT**  
5.3 STREET ADDRESS **#61-6467 197 ST.**  
5.4 CITY-ST-ZIP **LANGLEY, BC V2Y 1K7 CAN**

TITLE **VD** ☒ DELETE  
NAME **ROBERTSON, CAROL**  
STREET ADDRESS **228 KNIGHTSBRIDGE DR**  
CITY-ST-ZIP **WINNIPEG MO**

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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:

*R. Jackson* **ROBERT JACKSON**

**04/24/98 506-466-1354**

CR2E037 (10/97)