

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48835

FILED
Apr 24, 2007
Secretary of State

Entity Name: CANADIAN SNOWBIRD ASSOCIATION INC.

Current Principal Place of Business:

350 GULF BLVD
INDIAN ROCKS BEACH, FL 33785 US

New Principal Place of Business:

Current Mailing Address:

350 GULF BLVD
INDIAN ROCKS BEACH, FL 33785 US

New Mailing Address:

FEI Number: 59-3141653

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEYLIE, WALLACE J
350 GULF BLVD.
INDIAN ROCKS BEACH, FL 33785 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: T () Delete
Name: SHERB, JIM
Address: 1801 PAUL LAKE RD. #18
City-St-Zip: KAMLOOPS, BC V2H 1N7 CA

Title: VP () Delete
Name: GARDINER, DON
Address: 1350 OXFORD ST. #206
City-St-Zip: HALIFAX, NS B3H 3Y8 CA

Title: VP () Delete
Name: HOPCRAFT, NANCY
Address: 199 CAYUGA DRIVE
City-St-Zip: TIMMINS, ON P4N 7S9

Title: P () Delete
Name: BRISSENDEN, GERRY
Address: 51 LAGUNA PKWY, #20
City-St-Zip: BRECHIN, ON L0K- 1B0 CA

Title: D () Delete
Name: BELANGER, ROLAND
Address: 527 RUE ST. JEAN
City-St-Zip: GATINEAU, QC J8P CA

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP (X) Change () Addition
Name: HOPCRAFT, NANCY
Address: 199 CAYUGA DRIVE
City-St-Zip: TIMMINS, ON P4N 7S9 CA

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

Title: D (X) Change () Addition
Name: BELANGER, ROLAND
Address: 527 RUE ST. JEAN
City-St-Zip: GATINEAU, QC J8P 5Y6 CA

Title: D () Change (X) Addition
Name: JOYCE, MALCOLM
Address: 18 RED ROBIN PLACE
City-St-Zip: WINNIPEG, MB R3J 3L8 CA

I hereby certify that the information supplied with this filing does not qualify 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: GERRY BRISSENDEN

P

04/24/2007

Electronic Signature of Signing Officer or Director

Date