

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48835

Entity Name: CANADIAN SNOWBIRD ASSOCIATION INC.**Current Principal Place of Business:**350 GULF BLVD
INDIAN ROCKS BEACH, FL 33785**Current Mailing Address:**350 GULF BLVD
P.O. BOX 639
INDIAN ROCKS BEACH, FL 33785 US**FEI Number:** 59-3141653**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WEYLIE, WALLACE J
350 GULF BLVD.
INDIAN ROCKS BEACH, FL 33785 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	VP
Name	STEEVES, RONALD
Address	1095 LINCOLN RD.
City-State-Zip:	FREDERICTON NB E3B 8-J3

Title	T
Name	HOPCRAFT, NANCY
Address	199 CAYUGA DRIVE
City-State-Zip:	TIMMINS ON P4N 7-S9

Title	VP
Name	FOSTER, JOHN
Address	275 ALPINE CRESCENT #16
City-State-Zip:	SWIFT CURRENT SK S9H

Title	P
Name	SLACK, ROBERT
Address	911 DAVIS LANE, RR1
City-State-Zip:	ATHENS ON K0E 1-B0

Title	PP
Name	BRISSENDEN, GERRY
Address	51 LAGUNA PKWY, #20
City-State-Zip:	BRECHIN ON L0K--1B0

Title	S
Name	HUESTIS, KAREN
Address	25 ISABELLA ST RR2
City-State-Zip:	SEAGRAVE ON L0C 1-G0

I hereby 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 all other like empowered.

SIGNATURE: ROBERT SLACK**PRESIDENT****04/13/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date