

2015 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
19418 GULF BLVD.
401
INDIAN SHORES, 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	2ND VICE PRESIDENT
Name	STEEVES, RONALD
Address	1095 LINCOLN ROAD
City-State-Zip:	FREDERICTON NEW BRUNSWICK E3B 8J3

Title	TREASURER
Name	HUESTIS, KAREN
Address	25 ISABELLA ST. RR2
City-State-Zip:	SEAGRAVE ONTARIO L0C 1G0

Title	SECRETARY
Name	FOSTER, JOHN
Address	275 ALPINE CRESCENT #16
City-State-Zip:	SWIFT CURRENT SASKATCHEWAN S9H 4Y8

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

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

Title	1ST VICE PRESIDENT
Name	SHERB, JIM
Address	650 HARRINGTON RD. 8
City-State-Zip:	KAMLOOPS BRITISH COLUMBIA V2B 6T7

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****04/08/2015**

Electronic Signature of Signing Officer/Director Detail

Date