

2017 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	1ST VICE PRESIDENT
Name	STEEVES, RONALD
Address	1095 LINCOLN ROAD
City-State-Zip:	FREDERICTON E3B 8J3

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

Title	PRESIDENT
Name	HUESTIS, KAREN
Address	57 ORCHARD WAY
City-State-Zip:	WARKWORTH ONTARIO K0K 3K0

Title	2ND VICE PRESIDENT
Name	FOSTER, JOHN
Address	275 ALPINE CRESCENT #16
City-State-Zip:	SWIFT CURRENT S9H 4Y8

Title	SECRETARY
Name	SEILING, ROD
Address	304-3 FATHER DAVID BAUER DR.
City-State-Zip:	WATERLOO ONTARIO N2L 6M1

Title	TREASURER
Name	MCDONALD, GARRY
Address	3168 DOUGLAS ST. RR2
City-State-Zip:	CAMLACHIE ONTARIO N0N 1E0

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: KAREN HUESTIS**PRESIDENT****04/05/2017**

Electronic Signature of Signing Officer/Director Detail

Date