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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **746750**

1. Corporation Name
DESTIN SNOWBIRDS, INC.

Principal Place of Business	Mailing Address
P O BOX 1367 DESTIN FL 32541	P O BOX 1367 DESTIN FL 32541

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualifed 04/16/1979 4. FEI Number 59-2466105 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. **Name and Address of Current Registered Agent**

BUSSA, FRED
547 SHORE DR
DESTIN FL 32541

10. **Name and Address of New Registered Agent**

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 Fred L Bussa 1-12-99
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	STD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ROSS-CASSIN, MARY		1.2 NAME		
STREET ADDRESS	R.R. 3 14 MCKENZIE ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	WIARTON, ONTARIO, CANADA NOH2T-0		1.4 CITY-ST-ZIP		
TITLE	VDT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BUSSA, FRED		2.2 NAME		
STREET ADDRESS	547 SHORE DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	DESTIN FL 32541		2. 4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	EIX, JOHN		3.2 NAME		
STREET ADDRESS	807 FOREST AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	PARK RAPIDS MN 56470		3.4. CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CASSIN, FRANK		4. 2 NAME		
STREET ADDRESS	RR #3, 14 MCKENZIE ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	WIARTON, ONT. CANADA NOH-2T0		4.4 CITY-ST-ZIP		
TITLE	PTD	☒ DELETE	5.1 TITLE	VPD	☐ Change ☒ Addition
NAME	SELID, ADDIE		5.2 NAME	LISE WALSH	
STREET ADDRESS	114 MAINSAIL DR, #7		5.3 STREET ADDRESS	42 MICHAELE AVE.	
CITY-ST-ZIP	DESTIN FL 32541		5.4 CITY-ST-ZIP	PLATTSBURGH, N.Y. 12901	
TITLE	VPTD	☐ DELETE	6.1 TITLE	PTD	☒ Change ☐ Addition
NAME	VAN KREVELEN, TOM		6.2 NAME		
STREET ADDRESS	4100 BURNING TREE DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	DESTIN FL 32541		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1/12/99 850-654-7789
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #