


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2006 8:00 am**  
**Secretary of State**

03-17-2006 90124 024 \*\*\*\*61.25

|  |  |   |   |   |  |
|--|--|---|---|---|--|
| <b>DOCUMENT # 746750</b><br>1. Entity Name<br><b>DESTIN SNOWBIRDS, INC.</b>  |  |   |   |                                  |  |
| Principal Place of Business<br><b>P O BOX 1367<br/>DESTIN, FL 32540</b>  |  |   | Mailing Address<br><b>P O BOX 1367<br/>DESTIN, FL 32541</b> |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.  |  |   | 3. Mailing Address<br>Suite, Apt. #, etc.                   |   |  |
| City & State   |  |   | City & State  |   |  |
| Zip  |  | Country   |   | Zip   |  |
| Country  |  | Country   |   | 4. FEI Number<br><b>59-2466105</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |   |   | <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>SIMS, FORD N<br/>150 GULF SHORE DRIVE UNIT 103<br/>DESTIN, FL 32541</b>  |  |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent.  |  |   |   | DATE  |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |  |   |   | DATE  |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>  |  |
| <b>Make check payable to<br/>Florida Department of State</b>   |  |   |   |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VD<br>SIMS, FORD N<br>150 GULF SHORE DR UNIT 103<br>DESTIN, FL 32541 <input type="checkbox"/> Delete                 |   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TD<br>GOGGINS, HARRY<br>745 GULF SHORE DR UNIT 9136<br>DESTIN, FL 32541 <input type="checkbox"/> Delete              |   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VD<br>HANSEN, RICHARD<br>590 MCLACHLAN PT DR NEGAUNEE LAKE<br>EVART, MI 49631 <input type="checkbox"/> Delete        |   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>COOKSEY, DONALD<br>593 BARRETT RD<br>BEREA, OH 44017 <input checked="" type="checkbox"/> Delete                |   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VD<br>WERNER, JAN<br>3487 202 STREET<br>LUCK, WI 54853 <input type="checkbox"/> Delete                               |   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SD<br>CRAIG, MARGARET<br>2725 LAKESIDE DR BOX 213<br>CUMBERLAND BEACH, ON, CA 1okigo <input type="checkbox"/> Delete |   |   |   |  |
| <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |  |   |   |   |  |
| VD<br>MOORES, JAN<br>3 CLONSILLA DR.<br>RR1 BOBCAGEON, ONT, CANADA K0M 1A0 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |  |   |   |   |  |
| PD<br>WERNER, JAN<br>426, #3 CORVET ST.<br>FORT WALTON BEACH, FL 32547 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |  |   |   |   |  |
| SD<br>CRAIG, MARGARET<br>2725 LAKESIDE DR.<br>CUMBERLAND BEACH, ONT, CANADA LOK 1G0 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |  |   |   |   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |  |   |   |   |  |
| <b>SIGNATURE:</b> <u>Ford N. Sims</u> <b>FORD N Sims</b> <b>3-15-06</b> <b>(850)654-7138</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |  |   |   |   |  |