
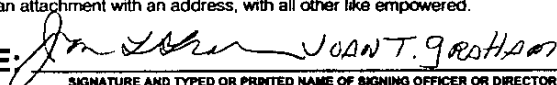


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2008 8:00 am**  
**Secretary of State**

04-02-2008 90027 033 \*\*\*\*61.25

|  |   |  |  |  |  |
|--|---|--|--|--|--|
| <b>DOCUMENT # 746750</b>   |   |  |  |                       |  |
| <b>1. Entity Name</b><br>DESTIN SNOWBIRDS, INC.  |   |  |  |  |  |
| <b>Principal Place of Business</b><br>P O BOX 1367<br>DESTIN, FL 32540   |   |  | <b>Mailing Address</b><br>P O BOX 1367<br>DESTIN, FL 32541                     |  |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>  |   | <b>3. Mailing Address</b>  |  |  |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |  |  |  |
| City & State   |   | City & State   |  | <b>4. FEI Number</b><br>59-2466105   |  |
| Zip  |   | Country  |  | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b>   |   |  |  | <b>7. Name and Address of New Registered Agent</b>   |  |
| SIMS, FORD N<br>150 GULF SHORE DRIVE UNIT 103<br>DESTIN, FL 32541  |   |  |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City                                     |  |
|  |   |  |  | FL Zip Code  |  |
| <b>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.</b>   |   |  |  |  |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |   |  |  |  |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2008</b>  |   | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>   |  |
|  |   | <b>Make check payable to Florida Department of State</b>                                   |  |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                   |  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   | PD<br>SIMS, FORD N<br>150 GULF SHORE DR UNIT 103<br>DESTIN, FL 32541      | <input checked="" type="checkbox"/> Delete   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | VD<br>MARCELLA MARGE<br>3408 N. 46th St.<br>MILWAUKEE, WI 53216  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   | TD<br>GOGGINS, HARRY<br>745 GULF SHORE DR UNIT 9136<br>DESTIN, FL 32541   | <input type="checkbox"/> Delete  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | VD<br>WILKINSON, BILL<br>P.O. BOX 354<br>PHELPS, WI 54554  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   | VD<br>FERGUSON, GRANT<br>1 BRIOLE PATH, RRI<br>SHANTY BAY,, ON l0l2lo     | <input checked="" type="checkbox"/> Delete   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | SD<br>GRAHAM, JOAN<br>189 DURANGO RD.<br>DESTIN, FL 32541  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   | D<br>BOYD, JEANNE<br>28 ANTILLES COVE<br>MIRAMAR BEACH, FL 32550          | <input checked="" type="checkbox"/> Delete   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | D<br>BOEHLERT, JIM<br>300 DORIS AVE.<br>VESTAL, N.Y. 13850   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   | VD<br>BALLINGER, JACK<br>603 NORTH WATER ST<br>SPARTA, WI 54656           | <input type="checkbox"/> Delete  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | PD   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   | SD<br>CRAIG, MARGARET<br>2725 LAKESIDE DR<br>CUMBERLAND BCH ONT, CA LOKIG | <input checked="" type="checkbox"/> Delete   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>2. 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> |   |  |  |  |  |
| <b>SIGNATURE:</b>   |   |  | 3/18/08 850-837-0835   |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   |  | Date Daytime Phone #   |  |  |