PLEASE READ ALL INSTRUCTIONS BEFOR FOR FOR Secretary of State DIVISION OF CORPORATIONS			NT OF STATE tham State	AND FILED		
DOCUMENT # 16000				98 APR 24 AM 9:28		
1. Corporation Name				SECRETARY OF STATE TALLAHASSEE, FLORIDA		
sno-Bird Condominium Association, Inc. a not-for-profit corporation					MELONINGSEE, FLORIDA	
Principal Place of Business Mailing Address 4116 S.E. 20th Place 4116 SE 20th Place #204				9000025108391 -05/05/9801057031 ***1216.25 ***1216.25		
Cape Coral, FL 33904 Cape Coral, FL 33904						
If above addresses are incorrect in any way, line through incorrect information and enter correction below.				RFINS	TATEMENT	3-9R "
2. New Principal Office Address, If Applicable Same as above 3. New Mailing Office Address, If Applicable				Date Incorporated or Qualified To Do Business in Florida		
Suite, Apt. #, etc.	Suite, Apt. #,	etc.		5. FEI Numbe	1979	Applied For
City & State	City & State			59-2352728 Not Applicable		
Zip Country Lee	Zip Country		у	6. CERTIFICATE OF STATUS DESIRED Into a Certificate of Status		
7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each						
Title(s) and/or Directors		Off	licer and/or Directo se Post Office Box I	r	City / State	/ Zip
Pres/ D. David Wheeler Admin ((Administrator)		4116 SE 20	th Place	#204	Cape Coral, FL 33	3904
V-Pres/ Gary J. Fox, Sr. Admin (D)		4116 SE 20th Place		#202	Cape Coral, FL 33	3904
Sec/Admin/i(D) Kenneth Sharp Treas/Admin (D) Alfred. A. Ede	4116 SE 20th Place 4116 SE 20th Place		#103 #101	Cape Coral, FL 33		
				#203		
	4116 SE 20			Cape Coral, FL 33		
Admin (D) Frances Salisbury 4116 SE 2			th Place	#102	Cape Coral, FL 33	3904
					a. alan	14/24/98
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name Alfred A. Eden						
1				O. Box Number is Not Acceptable)		
4116 Sulte. Apt. #, Etc.				SE 20th Place		
Cane				Coral State Zip Code FL 33904		
Cape Coral FL 33904 D. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.						
Signature of Registered Agent Agent Agent Must sign Date 4/3/98						
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No No (See other side for information on intangible tax.)						
12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.						
0 Da 01 D0 4/2/00						
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Prions #						

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