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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 750068

1. Corporation Name

SNO-BIRD CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

4116 S.E. 20TH PLACE #204 CAPE CORAL FL 33904

Mailing Address

4116 S.E. 20TH PLACE #204 CAPE CORAL FL 33904



2. Principal Place of Business

2a. Mailing Address

3. Date incorporated or Qualified

12/06/1979

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-2352728

Applied For

Not Applicable

22

City & State

27

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23

Zip Country

28

Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EDEN, ALFRED A 4116 S.E. 20TH PLACE #101 CAPE CORAL FL 33904

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

Signature, typed or printed name of registered agent and true if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PAD [] DELETE

NAME WHEELER, J. DAVID STREET ADDRESS 4116 S.E. 20TH PLACE #204 CITY-ST-ZIP CAPE CORAL FL 33904

1.1 TITLE [] Change [] Addition

1.2 NAME D 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

TITLE VPD [] DELETE

NAME FOX, GARY J SR. STREET ADDRESS 4116 S.E. 20TH PLACE #202 CITY-ST-ZIP CAPE CORAL FL 33904

2.1 TITLE [] Change [] Addition

2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

TITLE STD [] DELETE

NAME SHARP, KENNETH STREET ADDRESS 4116 S.E. 20TH PLACE #103 CITY-ST-ZIP CAPE CORAL FL 33904

3.1 TITLE PAD [] Change [] Addition

3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

TITLE TAD [] DELETE

NAME EDEN, ALFRED A STREET ADDRESS 4116 S.E. 20TH PLACE #101 CITY-ST-ZIP CAPE CORAL FL 33904

4.1 TITLE [] Change [] Addition

4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

TITLE AD [] DELETE

NAME OKUM, MILTON J STREET ADDRESS 4116 S.E. 20TH PLACE #203 CITY-ST-ZIP CAPE CORAL FL 33904

5.1 TITLE [] Change [] Addition

5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

TITLE D [] DELETE

NAME SALISBURY, FRANCES STREET ADDRESS 4116 S.E. 20TH PLACE #102 CITY-ST-ZIP CAPE CORAL FL 33904

6.1 TITLE SAP [] Change [] Addition

6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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: Alfred A. Eden 1/11/99 (941)549-6027

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/1/98)