

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90057 015 ****61.25

DOCUMENT # 750068

1. Entity Name

SNO-BIRD CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

4116 S.E. 20TH PLACE #204
 #101
 CAPE CORAL FL 33904

Mailing Address

4116 S.E. 20TH PLACE #204
 #101
 CAPE CORAL FL 33904-8029

C0004286



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2352728

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	WHEELER, J. DAVID	
STREET ADDRESS	4116 S.E. 20TH PLACE #204	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	FOX, GARY J SR.	
STREET ADDRESS	4116 S.E. 20TH PLACE #202	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	PAD	<input type="checkbox"/> Delete
NAME	SHARP, KENNETH	
STREET ADDRESS	4116 S.E. 20TH PLACE #103	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	TAD	<input type="checkbox"/> Delete
NAME	EDEN, ALFRED A	
STREET ADDRESS	4116 S.E. 20TH PLACE #101	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	AD	<input type="checkbox"/> Delete
NAME	OKUM, MILTON J	
STREET ADDRESS	4116 S.E. 20TH PLACE #203	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	SAP	<input type="checkbox"/> Delete
NAME	SALISBURY, FRANCES	
STREET ADDRESS	4116 S.E. 20TH PLACE #102	
CITY-ST-ZIP	CAPE CORAL FL 33904	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 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.

SIGNATURE: _____

Alfred A. Eden
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/00 (941) 549-6027
 Date Daytime Phone #