1. Entity Name SNO-BIRD CONDOMINIUM ASSOCIATION, INC.					Jai S	FILED Jan 17, 2001 8:00 am Secretary of State			
Principal Place of Business		Mailing Address				01-17-2001 90067 005			
4116 S.E. 20TH PLACE #204 #101 CAPE CORAL FL 33904		4116 S.E. 20TH PLACE #204 #101 CAPE CORAL FL 33904			112011111	21 8 1311 88111 88118 81181 1831 81811 818	IH BIBLI BIBII BII	iši ešeli izel	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Number	59-2352728		plied For t Applicable		
Zip Country		Zip	Country		5. Certificate of		\$8.75 Add Fee Required		
	6. Name and Address of Current F	egistered Agent			7. Name and A	ddress of New Registered A	gent		
				Name					
EDEN, ALFRED A 4116 S.E. 20TH PLACE CAPE CORAL FL 33904				Street Address (P.O. Box Number is Not Acceptable)					
CAPE CO	MAL FL 33904			City		FL	Zip Code	3	
SIGNATURE .	Signature, typed or printed name of registered agent at FILE NOW: FEE IS \$61.25	9. Election Campaign Financing \$5.			5.00 May Be	00 May Be Make Check Payable to			
10.	OFFICERS AND DIR	CTORS	11.		ADDITIONS/CHAI	NGES TO OFFICERS AND DIF	RECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHEELER, J. DAVID 4116 S.E. 20TH PLACE #204 CAPE CORAL FL 33904	☐ Delete					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FOX, GARY J SR. 4116 S.E. 20TH PLACE #202 -CAPE CORAL FL-33904	☐ Delete					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAD SHARP, KENNETH 4116 S.E. 20TH PLACE #103 CAPE CORAL FL 33904	☐ Delete					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAD EDEN, ALFRED A 4116 S.E. 20TH PLACE #101 CAPE CORAL FL 33904	☐ Delete		F			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD OKUM, MILTON J 4116 S.E. 20TH PLACE #203 CAPE CORAL FL 33904	☐ Delete		F F			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAP SALISBURY, FRANCES 4116 S.E. 20TH PLACE #102 CAPE CORAL FL 33904	☐ Delete					☐ Change	Addition	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14/01 941-549-6019 Date 941-549-6019