

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90025 039 ****61.25

DOCUMENT # 750068

1. Entity Name

SNO-BIRD CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

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

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

00004414



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2352728

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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* **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/02 *(941) 549-6017*
 Date Daytime Phone #

CR2E037 (9/01)