
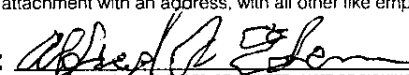


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90016 013 ****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			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2352728	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WHEELER, J. DAVID		NAME		
STREET ADDRESS	4116 S.E. 20TH PLACE #204		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL 33904		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FOX, GARY J SR.		NAME		
STREET ADDRESS	4116 S.E. 20TH PLACE #202		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL 33904		CITY-ST-ZIP		
TITLE	PAD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHARP, KENNETH		NAME		
STREET ADDRESS	4116 S.E. 20TH PLACE #103		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL 33904		CITY-ST-ZIP		
TITLE	TAD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	EDEN, ALFRED A		NAME		
STREET ADDRESS	4116 S.E. 20TH PLACE #101		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL 33904		CITY-ST-ZIP		
TITLE	AD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	OKUM, MILTON J		NAME	Dietz, Barron	
STREET ADDRESS	4116 S.E. 20TH PLACE #203		STREET ADDRESS	4116 SE 20th Place #203	
CITY-ST-ZIP	CAPE CORAL FL 33904		CITY-ST-ZIP	Cape Coral, FL 33904	
TITLE	SAP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SALISBURY, FRANCES		NAME		
STREET ADDRESS	4116 S.E. 20TH PLACE #102		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL 33904		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: 			Date: 1/21/04		Daytime Phone #: 339-549-6024
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					