


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # 750068 1. Entity Name SNO-BIRD CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1116 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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2352728	
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	
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 re-stating) <small>Signature, typed or printed name of registered agent and title if applicable</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	D WHEELER, DAVID J 4116 SE 20TH PLACE #201 CAPE CORAL FL 33904	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOX, GARY J SR 4116 S.E. 20TH PLACE #202 CAPE CORAL FL 33904	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAD SHARP, KENNETH 4116 S.E. 20TH PLACE #103 CAPE CORAL FL 33904	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAD EDEN, ALFRED A 4116 S.E. 20TH PLACE #101 CAPE CORAL FL 33904	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DIETZ, BARRON 4116 SE 20TH PLACE #203 CAPE CORAL FL 33904	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAP SALISBURY, FRANCES 4116 S.E. 20TH PLACE #102 CAPE CORAL FL 33904	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 **ALFRED A. EDEN** 1/25/06 239-549-6027