


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		Zip	
Country		Country	
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	
4. FEI Number 59-2352728		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
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-registering) _____ DATE _____			
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	D	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
NAME	WHEELER, DAVID J		U00000404125 <input type="checkbox"/> Change <input type="checkbox"/> Add 02/06/06-80034-015 61.25
STREET ADDRESS	4116 SE 20TH PLACE #201		
CITY-ST-ZIP	CAPE CORAL FL 33904		
TITLE	D	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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	TITLE NAME STREET ADDRESS CITY-ST-ZIP
NAME	SHARP, KENNETH		
STREET ADDRESS	4116 S.E. 20TH PLACE #103		
CITY-ST-ZIP	CAPE CORAL FL 33904		
TITLE	TAD	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
NAME	EDEN, ALFRED A		
STREET ADDRESS	4116 S.E. 20TH PLACE #101		
CITY-ST-ZIP	CAPE CORAL FL 33904		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
NAME	DIETZ, BARRON		
STREET ADDRESS	4116 SE 20TH PLACE #203		
CITY-ST-ZIP	CAPE CORAL FL 33904		
TITLE	SAP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
NAME	SALISBURY, FRANCES		
STREET ADDRESS	4116 S.E. 20TH PLACE #102		
CITY-ST-ZIP	CAPE CORAL FL 33904		

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