

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90039 014 ****61.25

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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



01162007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2352728

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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

J. DAVID WHEELER
4116 SE 20TH PLACE #201
CAPE CORAL, FL 33904

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **Pres.**
NAME WHEELER, DAVID J
STREET ADDRESS 4116 SE 20TH PLACE #201
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE **VP**
NAME FOX, GARY J SR
STREET ADDRESS 4116 S.E. 20TH PLACE #202
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE **PAD**
NAME SHARP, KENNETH
STREET ADDRESS 4116 S.E. 20TH PLACE #103
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE **PAD**
NAME EDEN, ALFRED A
STREET ADDRESS 4116 S.E. 20TH PLACE #101
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE **VPD**
NAME DIETZ, BARRON
STREET ADDRESS 4116 SE 20TH PLACE #203
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE **SAP**
NAME SALISBURY, FRANCES
STREET ADDRESS 4116 S.E. 20TH PLACE #102
CITY-ST-ZIP CAPE CORAL, FL 33904

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

J. David Wheeler J. DAVID WHEELER

Date

Daytime Phone #