


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # 750068 1. Entity Name SNO-BIRD CONDOMINIUM ASSOCIATION, INC.	
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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
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DO NOT WRITE IN THIS SPACE



01242008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2352728	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WHEELER, DAVID J
 4116 S.E. 20TH PLACE
 CAPE CORAL, FL 33904

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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: David Wheeler, Treasurer 2/2/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

02/19/08-80055-007 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WHEELER, DAVID J 4116 SE 20TH PLACE #201 CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FOX, GARY J SR 4116 S.E. 20TH PLACE #202 CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAD SHARP, KENNETH 4116 S.E. 20TH PLACE #103 CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAD EDEN, ALFRED A 4116 S.E. 20TH PLACE #101 CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DIETZ, BARRON 4116 SE 20TH PLACE #203 CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAP SALISBURY, FRANCES 4116 S.E. 20TH PLACE #102 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: David Wheeler, Treasurer 2/7/08 239-945-6974
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #