

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J94553 (1)**

1. Corporation Name
SNOWBIRD WOODS DEVELOPMENT COMPANY, INC.



Principal Place of Business: C/O IRA STEWART WIESNER, 1800-2ND ST., STE. 870, SARASOTA FL 34236
Mailing Address: C/O IRA STEWART WIESNER, 1800-2ND ST., STE. 870, SARASOTA FL 34236

3. Date Incorporated or Qualified: **09/29/1987**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: 21
22. Suite, Apt. #, etc.:
23. City & State:
24. Zip: 25. Country:
2a. Mailing Address: 26. *C/o Nabergall*
27. Suite, Apt. #, etc.: *6004 43 St. W.*
28. City & State: *Bradenton FL*
29. Zip: *34210* 30. Country: *Manatee*

4. FEI Number: **65-0009700**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **WIESNER, IRA STEWART, 1800 SECOND ST, SUITE 870, SARASOTA FL 34236**
10. Name and Address of New Registered Agent: 81. Name, 82. Street Address (P.O. Box Number is Not Acceptable), 83., 84. City, 85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinsuring) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NABERGALL, JOHN A.	1.2 NAME	
STREET ADDRESS	1800 SECOND ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34236	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NABERGALL, JONELLE K.	2.2 NAME	
STREET ADDRESS	1800 SECOND ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34236	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NABERGALL, FRED A.	3.2 NAME	
STREET ADDRESS	1800 SECOND ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34236	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, THOMAS J.	4.2 NAME	
STREET ADDRESS	1800 SECOND ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34236	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, JEAN L.	5.2 NAME	
STREET ADDRESS	1800 SECOND ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34236	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jonelle K Nabergall* **JONELLE K NABERGALL** #27/94 (941) 755-3173
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)