

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90050 023 ***158.75

DOCUMENT # J94553

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 NABERGALL
~~6004 43 ST. W~~
BRADENTON FL 34210
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/29/1987

4. FEI Number

65-0009700

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 1800 2nd St

Suite, Apt. #, etc.

22 Ste 720

City & State

23 SARASOTA FL

Zip

24 34236

Country

25 USA

2a. Mailing Address

26 C/O NABERGALL

Suite, Apt. #, etc.

27 3321 46th Terr. E.

City & State

28 BRADENTON FL

Zip

29 34203

Country

30 MANATEE

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

JOHN A. MORAN

82 Street Address (P.O. Box Number is Not Acceptable)

1800 2nd St. Ste 720

83

84 City

SARASOTA

FL

85 Zip Code

34236

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D NABERGALL, JOHN A.

STREET ADDRESS

1800 SECOND ST

CITY-ST-ZIP

SARASOTA FL 34236

TITLE

D NABERGALL, JONELLE K.

STREET ADDRESS

1800 SECOND ST

CITY-ST-ZIP

SARASOTA FL 34236

TITLE

D NABERGALL, FRED A.

STREET ADDRESS

1800 SECOND ST

CITY-ST-ZIP

SARASOTA FL 34236

TITLE

D WILLIAMS, THOMAS J.

STREET ADDRESS

1800 SECOND ST

CITY-ST-ZIP

SARASOTA FL 34236

TITLE

D WILLIAMS, JEAN L.

STREET ADDRESS

1800 SECOND ST

CITY-ST-ZIP

SARASOTA FL 34236

TITLE

D

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

Jonelle K. Nabergall

4/29/99

941-755-3173

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0468504