

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48835

FILED
Apr 14, 2009
Secretary of State

Entity Name: CANADIAN SNOWBIRD ASSOCIATION INC.

Current Principal Place of Business:

350 GULF BLVD
INDIAN ROCKS BEACH, FL 33785 US

New Principal Place of Business:

Current Mailing Address:

350 GULF BLVD
INDIAN ROCKS BEACH, FL 33785 US

New Mailing Address:

FEI Number: 59-3141653 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WEYLIE, WALLACE J
350 GULF BLVD.
INDIAN ROCKS BEACH, FL 33785 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: SHERB, JIM
Address: 650 HARRINGTON ROAD
City-St-Zip: KAMLOOPS, BC V2B 6T7 CA

Title: P () Delete
Name: GARDINER, DON
Address: 1350 OXFORD ST. #206
City-St-Zip: HALIFAX, NS B3H 3Y8 CA

Title: D () Delete
Name: HOPCRAFT, NANCY
Address: 199 CAYUGA DRIVE
City-St-Zip: TIMMINS, ON P4N 7S9 CA

Title: PP () Delete
Name: BRISENDEN, GERRY
Address: 51 LAGUNA PKWY, #20
City-St-Zip: BRECHIN, ON L0K- 1B0 CA

Title: VP () Delete
Name: SLACK, ROBERT
Address: 911 DAVIS LANE RR#1
City-St-Zip: ATHENS, ON K0E CA

Title: T () Delete
Name: SHARPE, BROCK
Address: 212 YACH ROAD
City-St-Zip: LADYSMITH, QC J0X 2A0 CA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DON GARDINER

P

04/14/2009

Electronic Signature of Signing Officer or Director

Date