

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48835

FILED
Feb 21, 2012
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
P.O. BOX 639
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
Name: STEEVES, RONALD
Address: 1095 LINCOLN RD.
City-St-Zip: FREDERICTON, NB E3B 8J3 CA

Title: P
Name: SLACK, ROBERT
Address: 911 DAVIS LANE, RR1
City-St-Zip: ATHENS, ON K0E 1B0 CA

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

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

Title: VP
Name: FOSTER, JOHN
Address: 275 ALPINE CRESCENT #16
City-St-Zip: SWIFT CURRENT, SK S9H CA

Title: S
Name: HUESTIS, KAREN
Address: 25 ISABELLA ST RR2
City-St-Zip: SEAGRAVE, ON L0C 1G0 CA

I hereby 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 all other like empowered.

SIGNATURE: ROBERT SLACK

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02/21/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date