## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## Mar 18, 2003 8:00 am § Secretary of State DOCUMENT # N98000001524 1. Entity Name 03-18-2003 90067 042 \*\*\*\*61 25 Walton County Snowbirds, inc. Principal Place of Business Mailing Address #89 BAIRD ST. #89 BAIRD ST. SANTA ROSA BEACH FL 32459-3630 SANTA ROSA BEACH FL 32459-3630 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-3501182 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WILLIAMS, JACK L Street Address (P.O. Box Number is Not Acceptable) #89 BAIRD ST. SANTA ROSA BEACH FL 32459-3630 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 1STV TITLE ☐ Delete TITLE X Addition NAME zeggil, fred NAME **31 SUNSET DR** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STE. ANN MANITOBA CA R5-A1H5 CITY-ST-ZIP Evansyille TITLE Delete TITLE Barton, Gene NAME NAME STREET ADDRESS 11661 VISTA DR. STREET ADDRESS To be CAR5-AIH5 CITY-ST-ZIP MINNETONKA MN 55343 CITY-ST-7IP 2NDV TITLE Delete TITLE Addition RACINE, ROSEMARY NAME NAME 149 WOODVIEW LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GREEN BAY WI 54301 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME DEMÉE, CAROLINE A NAME STREET ADDRESS **285 Payne St Unit 25A** STREET ADDRES CITY-ST-ZIP DESTIN FL 32550 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition Beall, Valerie NAME NAME STREET ADDRESS 100 GRACE AVE. STREET-ADDRESS CITY-ST-ZIP FAIRVIEW PA 16415 CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME

12. I hereby certify that the information supplied with this filling dees not qualify for the exemption stated in Section 119.07(3)(i), 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 l other like empowered

CITY-ST-ZIP

STREET ADDRESS

**SIGNATURE** 

STREET ADDRESS

CITY-ST-ZIP

**FILED**