

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746750

Entity Name: DESTIN SNOWBIRDS, INC.**Current Principal Place of Business:**101 STAHLMAN AVE
DESTIN, FL 32541**Current Mailing Address:**P O BOX 1367
DESTIN, FL 32540 US**FEI Number:** 59-2466105**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SIMS, FORD N
150 GULF SHORE DRIVE
UNIT 103
DESTIN, FL 32541 US*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

Officer/Director Detail :

Title	PD
Name	HEWITT, NANCY
Address	27 WAHBEZEE DRIVE RR1,GMB E#9
City-State-Zip:	SAUBLE BEACH ONTARIO N0H 2G0

Title	TD
Name	LEMIRE, KEN
Address	11112 11TH CONCESSION ROAD BOX 72
City-State-Zip:	ESSEX ONTARIO N0R 1J0

Title	VD
Name	FRANKLIN, TOM
Address	215 S PARK STREET
City-State-Zip:	NORTHWOOD ND 58267

Title	SD
Name	CARSON, GAIL
Address	9 BUTTERNUT CRT
City-State-Zip:	TOTTHAM ONTARIO L0G 1-W0

Title	VD
Name	HARPER, DEAN
Address	4005 KIMSEY STREET
City-State-Zip:	ROCKFORD TN 37853

Title	PUB
Name	AESCHLEMAN, SIGRID
Address	2445 CHAFFEE DRIVE
City-State-Zip:	NORMAL IL 61761-5481

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: KEN LEMIRE**TREASURER****03/04/2014**

Electronic Signature of Signing Officer/Director Detail

Date