

2018 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	PRESIDENT
Name	ROBERSON, JACKIE
Address	96 MAIN STREET
City-State-Zip:	THOMASTON ME 04861

Title	TREASURER
Name	SIKKENGA, PETER
Address	1223 S TIMBERVIEW DR
City-State-Zip:	WHITEHALL MI 49461

Title	VP
Name	COLLINS, DON
Address	1200 SCENIC GULF DR 811B
City-State-Zip:	MAIRAMAR BEACH FL 32550

Title	VP
Name	SPRING, TED
Address	134 CALHOUN AVE
City-State-Zip:	NAVARRE FL 32541

Title	SECRETARY
Name	VARNELL, CINDY
Address	81 PAYNE STREET #8
City-State-Zip:	MIRMAR BEACH FL 32550

Title	PUBLICIY DIRECTOR
Name	PIERCE, MARY
Address	4134 DEEPWOOD LANE
City-State-Zip:	TOLEDO OH 43614

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: PETER SIKKENGA**TREASURER****03/07/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date