

2015 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 FRANKLIN, TOM
Address 277 SUNSET BAY
 UNIT 27C
City-State-Zip: MIRAMAR BEACH FL 32550

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

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

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

Title TREASURER
Name CUNNEEN, RICHARD
Address 401 JAMESBOROUGH DRIVE
City-State-Zip: PITTSBURGH PA 15238

Title VP
Name CASSELL, CHARLES
Address 1760 MILL QUARTER ROAD
City-State-Zip: COWHATAN VA 23139

Title PUBLICIY DIRECTOR
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

ASSISTANT TREASURER 03/14/2015

Electronic Signature of Signing Officer/Director Detail

Date