SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25.)

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 734559 (8)

1. Corporation Name
SHANGRI LA HOME OWNERS ASSOCIATION, INC.

200001917742
-08/09/96--01033--009
***61.25

Principal Place of Business	Mailing Address
811 CHESS PL SEFFNER FL 33584	811 CHESS PL SEFFNER FL 33584

2. Principal Place of Business 21 ~~PO Box 991~~	2a. Mailing Address 26 P.O Box 991
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Seffner, FL
Zip / Country 24 / 25	Zip / Country 29 33584 / 30 USA

3. Date Incorporated or Qualified 12/10/1975	3a. Date of Last Report 01/25/1995
4. FEI Number 59-2719821	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

~~BRIGGS, ROBIN~~
~~811 CHESS PL~~
~~SEFFNER FL 33584~~
EUNICE LUSK, TREAS
P.O. BOX 991
SEFFNER FL 33584

10. Name and Address of New Registered Agent

81 Name: Eunice C Lusk
82 Street Address (P.O. Box Number is Not Acceptable): 912 Shangri La Dr
83:
84 City: Seffner FL 85 Zip Code: 33584

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE: Eunice C Lusk — 8/3/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRIESE, ANETTE 607 PAWN WAY SEFFNER FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAY, GLADYS 1001 SHANGRI LA DR SEFFNER FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~P~~ D SESSIONS, PAUL 710 QUEENS CT SEFFNER FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST ~~BRIGGS, ROBIN~~ ~~811 CHESS PL~~ ~~SEFFNER FL~~	☑ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~MURRAY, JOYCE~~ JOHN DANET ~~1007 SHANGRI LA DR~~ 605 Pawn Way ~~SEFFNER FL~~ SEFFNER, FL	☑ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VP~~ ~~MAHONEY, TOM O~~ ~~803 SHANGRI LA DR~~ ~~SEFFNER FL~~	☑ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1		
1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRES CHARLES BRADLEY 703 Queens Seffner FL 33584	☑ Change ☑ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	SECRETARY SANDY BLOISE 908 Shangri La SEFFNER, FL 33584	☑ Change ☑ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	TREAS EUNICE LUSK 912 SHANGRI LA DR Seffner FL 33584	☑ Change ☑ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D FAE PANGBURN Seffner FL 33584	☑ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	John Danet 605 Pawn Way Seffner, FL 33584	☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	VICE PRES (ELNI) RON ELNI 504 Gay Rd SEFFNER, FL 33584	☑ Change ☑ Addition

CR2E037 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Eunice C Lusk — 813 689 4738
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 7/16/96 — Daytime Phone #: 08/8/96

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