

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State
 01-30-2001 90068 002 ****61.25

DOCUMENT # 734559

1. Entity Name

SHANGRI LA HOME OWNERS ASSOCIATION, INC.

Principal Place of Business

**1001 SHANGRI LA
 SEFFNER FL 33584
 US**

Mailing Address

**P.O. BOX 991
 SEFFNER FL 33584**

706999



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2719821

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RAY, GLADYS
 1001 SHANGRI LA DRIVE
 SEFFNER FL 33584**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Gladys Ray

Treasurer

1-16-01

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VP
 MIFES, MARC
 612 ROOKS ROAD
 SEFFNER FL 33584** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VP
 Donald Connell
 814 Shangri-La Dr
 Seffner, FL 33584** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**T
 RAY, GLADYS
 1001 SHANGRI LA DR
 SEFFNER FL** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 FRIESE, ANETTE
 607 PAWN WAY
 SEFFNER FL 33584** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 BLOISE, SANDY
 908 SHANGRI LA
 SEFFNER FL 33485** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 LAZARRA, KEN
 915 SHANGRI LA DR
 SEFFNER FL 33584** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**Pres
 LaZarra, Ken
 915 Shangri-La Dr
 Seffner, FL 33584** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**S
 BAY, RITA
 803 CHESS PLACE
 SEFFNER FL 33584** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**S
 Eunice Lusk
 912 Shangri-La Dr
 Seffner, FL 33584** ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-01

813 681-4498

Date

Daytime Phone #

CR2E037 (10/00)