

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2002 8:00 am
Secretary of State

08-13-2002 90221 022 ****61.25

DOCUMENT # 734559

1. Entity Name

SHANGRI LA HOME OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**1001 SHANGRI LA
 SEFFNER FL 33584
 US**

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2719821

Applied For

Not Applicable

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

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 **VP** ☒ Delete
 NAME **CONNELL, DONALD**
 STREET ADDRESS **814 SHANGRI LA DR**
 CITY-ST-ZIP **SEFFNER FL 33584**

TITLE **VP** ☒ Change ☐ Addition
 NAME **BLOISE, SANDY**
 STREET ADDRESS **908 SHANGRA LA**
 CITY-ST-ZIP **SEFFNER, FL. 33584**

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

TITLE **D** ☐ Change ☒ Addition
 NAME **SUMPTER, MIRIAM**
 STREET ADDRESS **508 GAY RD.**
 CITY-ST-ZIP **SEFFNER, FL. 33584**

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

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

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

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

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

TITLE **P** ☐ Change ☒ Addition
 NAME **MEYERS, CHARLES**
 STREET ADDRESS **507 GAY RD.**
 CITY-ST-ZIP **SEFFNER, FL. 33584**

TITLE **S** ☐ Delete
 NAME **LUSK, EUNICE**
 STREET ADDRESS **912 SHANGRI LA DR**
 CITY-ST-ZIP **SEFFNER FL 33584**

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

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 FILING OFFICER OR DIRECTOR

8-10-02

Date

813 681-4498

Daytime Phone #

CR2E037 (9/01)