

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 23, 2004 8:00 am
Secretary of State

08-23-2004 90025 004 ****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	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (4/04)

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	

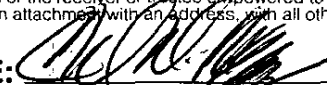
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BLOISE, SANDY 908 SHANGRA LA SEFFNER FL 33584 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MEYERS, CHARLES 507 GAY RD. SEFFNER, FL. 33584 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RAY, GLADYS 1001 SHANGRI LA DR SEFFNER FL 33584 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RAY, GLADYS 1001 SHANGRI LA DR. SEFFNER, FL. 33584 ☒ 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	S DAWN DANET 605 PAWN WAY SEFFNER, FL. 33584 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CAMPBELL, SHERRY 704 QUEENS CT SEFFNER FL 33584 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUMPTER, MIRIAM 508 GAY RD SEFFNER FL 33584 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MYERS, CHARLES 507 GAY RD SEFFNER FL 33584 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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:  **CHARLES MEYERS, P.** 18 AUG 04 813-661-0371
SIGNATURE AND TYPED PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #