2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2003 8:00 am
Secretary of State
08-21-2003 90108 042 ****61.25

0012097

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

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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
After September 10, 2003, min will be $236.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

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	☐ 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	S 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	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLOISE, SANDY 908 SHANGRA LA SEFFNER FL 33485	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CAMPBELL, SHERRY 704 QUEENS CT. SEFFNER, FL 33584 ☐ 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	S LUSK, EUNICE 912 SHANGRI LA DR SEFFNER FL 33584	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CHARLES MEYERS, CHARLES 507 GAY RD. SEFFNER, FL, 33584 ☐ Change ☒ Addition

CR2E037 (4/03)

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: Sandra Bloise 8/18/2003 744-8208
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #