

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # N98000000049

1. Corporation Name SHANGRI-LA AT WOODMONT HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business: 2501 E COMMERCIAL BLVD FORT LAUDERDALE FL 33308
Mailing Address: 2501 E COMMERCIAL BLVD FORT LAUDERDALE FL 33308



21	2. Principal Place of Business	2a	2a. Mailing Address	3	3. Date Incorporated or Qualified
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4	4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
23	City & State	27	City & State	5	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	28	Zip	6	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
25	Country	29	Country		
30					

9. Name and Address of Current Registered Agent
CHRISTIANSEN, MIKE
2750 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE FL 33308

10. Name and Address of New Registered Agent
81 Name: Mike Christiansen
82 Street Address (P.O. Box Number is Not Acceptable): 1500 North Federal Highway
83 Suite 200
84 City: Fort Lauderdale FL 85 Zip Code: 33304

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: *[Signature]* DATE: 3-10-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	6000028075044
NAME	GASPERONI, SAM	1.2 NAME	-03/16/99--01040--004
STREET ADDRESS	2501 E COMMERCIAL BLVD	1.3 STREET ADDRESS	*****61.25 *****61.25
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTORO, PATRICK	2.2 NAME	
STREET ADDRESS	2501 E COMMERCIAL BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GASPERONI, MARILYN	3.2 NAME	
STREET ADDRESS	2501 E COMMERCIAL BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 3/7/99

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