

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 12, 2008
Secretary of State

DOCUMENT# N98000000049

Entity Name: SHANGRI-LA AT WOODMONT HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

8500-8598
JADE, CHERRY BLOSSOM, & LYCHEE DR.
TAMARAC, FL 33321 US

New Principal Place of Business:

Current Mailing Address:

C/O ABSOLUTE PROPERTY MANAGEMENT
541 S ST RD 7 #12
MARGATE, FL 33068 US

New Mailing Address:

C/O TMG MANAGEMENT
P.O. BOX 802
POMPAN0 BEACH, FL 33061 US

FEI Number: 65-1024481 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVID BAUMAN, ESQ.
4050 W BROWARD BLVD.
PLANTATION, FL 33317 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D (X) Delete
Name: CAMPBELL, TIMOTHY
Address: 8201 CHERRY BLOSSOM LANE
City-St-Zip: TAMARAC, FL 33321 US

Title: VPD () Delete
Name: STOREY, MIKE
Address: 8513 CHERRY BLOSSOM LANE
City-St-Zip: TAMARAC, FL 33321 US

Title: TD () Delete
Name: WARSHAW, NINA
Address: 8598 LYCHEE DRIVE
City-St-Zip: TAMARAC, FL 33321 US

Title: SD () Delete
Name: HAYDEN, LISA
Address: 8505 CHERRY BLOSSOM LANE
City-St-Zip: TAMARAC, FL 33321 US

Title: PD () Delete
Name: HAYDEN, RAY
Address: 8505 CHERRY BLOSSOM LANE
City-St-Zip: TAMARAC, FL 33321 US

Title: D () Delete
Name: GRECO, IRENE
Address: 8585 JADE DRIVE
City-St-Zip: TAMARAC, FL 33321

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERRY MCGREGOR

MR

08/12/2008

Electronic Signature of Signing Officer or Director

_____ Date